

12/9/2013 11:01:00 From: To: 850 1762 2

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000268341 3)))



H130002683413ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

Please retain original filing  
date of submission 12/6

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
OPTUM360 SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	089
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MD 12/10

850-617-6381

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 9, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: OPTUM360 SERVICES, INC.  
REF: W13000067096

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000268341  
Letter Number: 713A00027935

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 12/6

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Optum360 Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sherri Hoppe/Legal Services

Name of Person

UnitedHealth Group Incorporated

Firm/Company

9900 Bren Road East

Address

Minnetonka, MN 55343

City/State and Zip code

sherri.hoppe@uhg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigid M. Spicola

Name of Person

at ( 952 ) 936-6132

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Optum360 Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 46-3983926

(FEI number, if applicable)

4. 10/25/2013

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13625 Technology Drive, Eden Prairie, MN 55344

(Principal office address)

same

(Current mailing address)

8. Healthcare Data and Consulting Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

Angel Shearer

By: Angel Shearer

Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS *SEE ATTACHMENT*

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Daniel R. Roach

Address: P.O. Box 9472, Minneapolis, MN 55440

Treasurer: Robert W. Oberender

Address: 9900 Bren Road East, Minnetonka, MN 55343

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Brigid M. Spicola, Asst. Secretary

(Typed or printed name and capacity of person signing application)

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13 DEC -8 AM 11:38  
STATE  
ALABAMA  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1    **Full Name:** Derrell R. James  
     **Officer/Director:** Officer  
     **Officer's Title:** Chief Executive Officer  
     **Director's Title:**  
     **Business Address:** P.O. Box 9472  
     **City:** Minneapolis  
     **State:** MN  
     **ZIP Code:** 55440
- 2    **Full Name:** Benjamin R. Goodman  
     **Officer/Director:** Officer  
     **Officer's Title:** Chief Financial Officer  
     **Director's Title:**  
     **Business Address:** 13625 Technology Drive  
     **City:** Eden Prairie  
     **State:** MN  
     **ZIP Code:** 55344
- 3    **Full Name:** Brigid M. Spicola  
     **Officer/Director:** Officer  
     **Officer's Title:** Assistant Secretary  
     **Director's Title:**  
     **Business Address:** 9900 Bren Road East  
     **City:** Minnetonka  
     **State:** MN  
     **ZIP Code:** 55343
- 4    **Full Name:** William J. Miller  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Director  
     **Business Address:** 6860 W. 115th Street  
     **City:** Overland Park  
     **State:** KS  
     **ZIP Code:** 66211
- 5    **Full Name:** John F. Rex

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TALLAHASSEE, FLORIDA

	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	13625 Technology Drive
	City:	Eden Prairie
	State:	MN
	ZIP Code:	55344
6	Full Name:	Andrew M. Slavitt
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	13625 Technology Drive
	City:	Eden Prairie
	State:	MN
	ZIP Code:	55344
7	Full Name:	Larry C. Renfro
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	13625 Technology Drive
	City:	Eden Prairie
	State:	MN
	ZIP Code:	55344
8	Full Name:	Peter G. Hanelt
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	13625 Technology Drive
	City:	Eden Prairie
	State:	MN
	ZIP Code:	55344
9	Full Name:	Michael D. Blaszyk
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director

11 FEB  
13 DEC - 6 AM 11:36  
ALUMINUM OF STATE  
ALLAHASSEE, FLORIDA

12/9/2013 11:31:00 From: To: 8506176381

( 8/9 )

Business Address:

City:

State:

ZIP Code:

13625 Technology Drive

Eden Prairie

MN

55344

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUM360 SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5420590 8300

131378245

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0947178

DATE: 12-04-13