

Division of Corporations

(1)
Page 1 of

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEMS
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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 DEC -6 AM 11:36

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Electronic Filing Menu

Corporate Filing Menu

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

(2/9)

850-817-6381

12/9/2013 11:23:24 AM PAGE 1/001 Fax Server

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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

**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. Opnum360 Services, Inc.

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

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11. E D
STATE
OF
FLORIDA

(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: C T 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.

C T Corporation System

By: Angel Shearer

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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ATTORNEY
GENERAL
FLORIDA
36

FILED

**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

13 DEC -6 AM 11:36
SCHOOL DISTRICT OF STATE
TALLAHASSEE, FLORIDA

ALLIED

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

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 44-11454-14 STATE
 ALLAHASSEE, FLORIDA

11/16/0

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

(8/9)

Business Address:

13625 Technology Drive

City:

Eden Prairie

State:

MN

ZIP Code:

55344

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STATE
OF
FLORIDA
TALLAHASSEE, FLORIDA

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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 1

Delaware

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

191978245

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0947178

DATE: 12-04-13