

# FIS 00005338

1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*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**  
**Optum Clinic, P.A.**

Certificate of Status	0
Certified Copy	0
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12/3/2015 9:48:08 AM From: To: 8506176383( 2/7 )  
850-817-6381 12/3/2015 8:41:45 AM PAGE 1/001 Fax Server



December 3, 2015

CT

SUBJECT: OPTUM CLINIC, P.A.  
REF: W15000076148

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15 DEC -3 AM 9:52  
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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.

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Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000276650  
Letter Number: 015A00024531

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 11/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Optum Clinic, P.A.

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:

Samantha Bradley

Name of Person

UnitedHealth Group

Firm/Company

9900 Bren Road East - Mail Stop MN008-T502

Address

Minnetonka, MN 55343

City/State and Zip code

CLS-AnnualReportFilingTeam@wolterskluwer.com

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

For further information concerning this matter, please call:

Samantha Bradley

at ( 952 ) 936-8954

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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. Optum Clinic, P.A., 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. Texas 3. 75-2778455  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 07/29/1998 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 9900 Bren Road East Minnetonka, MN 55343  
(Principal office address)  
9900 Bren Road East, Minnetonka, MN 55343  
(Current mailing address, if different)


8. 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)

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TALLAHASSEE, FLORIDA

9. 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.*

By:  C T Corporation System  
Cristie Myers  
Asst. Secretary  
(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

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

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

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

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

Director: Ronald J. Shumacher, M.D.

Address: 800 King Farm Blvd., Suite 600

Rockville, MD 20850

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

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

**B. OFFICERS**

President: Ronald J. Shumacher, M.D.

Address: 800 King Farm Blvd., Suite 600

Rockville, MD 20850

Vice President: Ronald J. Shumacher, M.D.

Address: 800 King Farm Blvd., Suite 600

Rockville, MD 20850

Secretary: Ronald J. Shumacher, M.D.

Address: 800 King Farm Blvd., Suite 600 Rockville, MD 20850

Treasurer: Ronald J. Shumacher, M.D.

Address: 800 King Farm Blvd., Suite 600 Rockville, MD 20850

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Ronald J. Shumacher, M.D. President, Director

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

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TALLAHASSEE, FLORIDA

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12/3/2015 9:48:08 AM From: To: 8506176383( 7/7 )

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Association for Optum Clinic, P.A. (file number 81922803), a Professional Association, was filed in this office on July 29, 1998.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 19, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State