

3/12/2019

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

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FILED
 19 MAR 12 PM 3:49
 SECRETARY OF STATE
 PALM SPRING, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Optum Care, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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3 SIMPLIONS
 MAR 18 2019

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

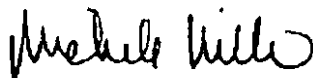
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Optum Care, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida; enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 83-1959511
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/14/2018 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 Rd E, Minnetonka, MN 55343
(Principal office address)
- _____
(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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19 MAR 12 PM 3:49
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.



Michele Miller, 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: Cory P. RobertsAddress: PO BOX 9472MINNEAPOLIS MN 55440-9472

Director: _____

Address: _____

B. OFFICERS

President: Austin T. Pittman, Jr.Address: 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344

Vice President: _____

Address: _____

Secretary: John G. LiethenAddress: 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344Treasurer: Peter M. GillAddress: 9900 BREN RD EAST MINNETONKA, MN 55343**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. Heather A. Lang Assistant Secretary

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

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MAR 12 PM 3:49
MINNEAPOLIS, MINN.

Entity Name: Optum Care, Inc.

Name	Title	Title Role	Address
Cory Patrick Roberts	Director	Director	PO BOX 9472 MINNEAPOLIS, MN 55440-9472
Austin Terrell Pittman, Jr.	President	Officer	11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344
Peter Marshall Gill	Treasurer	Officer	9900 BREN RD EAST MINNETONKA, MN 55343
John George Liethen	Secretary	Officer	11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344
Michael John Dioguardi	Assistant Secretary	Officer	PO BOX 9472 MINNEAPOLIS, MN 55440-9472
Heather Anastasia Lang	Assistant Secretary	Officer	9900 BREN RD EAST MINNETONKA, MN 55343

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUM CARE, 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7056680 8300

SR# 20191915515

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202424077

Date: 03-12-19