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Tallahassee, FL 32312

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Name:	HEALTHSMART RX SOLUTIONS, INC.
Document #:	
Order #:	15274780 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **87.50**



**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. HealthSmart Rx Solutions, 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. Ohio 3. 34-1635597
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/21/1989 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. 222 West Las Colinas Boulevard, Irving, TX 75039
(Principal office street address)

(Current mailing address, if different)

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

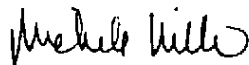
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☐ Chairman, Name: Richard A. Elma
☐ Vice Chairman Address: 222 West Las Colinas Blvd
☒ Director Irving, TX 75039
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CFO ☐ Other _____

☐ Chairman Name: Scott W. Hogan
☐ Vice Chairman Address: 222 West Las Colinas Blvd
☒ Director Irving, TX 75039
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ Other _____

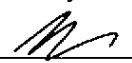
☐ Chairman Name: Marc W. Zech
☐ Vice Chairman Address: 222 West Las Colinas Blvd
☐ Director Irving, TX 75039
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Peter M. Gill
☐ Vice Chairman Address: 11000 Optum Circle
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kimberly M. Hiatt
☐ Vice Chairman Address: 222 West Las Colinas Blvd
☐ Director Irving, TX 75039
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Timothy J. Langdon
☐ Vice Chairman Address: 11000 Optum Circle
☐ Director Eden Prairie, MN 55344
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Asst Secretary ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Timothy J. Langdon, Assistant Secretary
 (Typed or printed name and capacity of person signing application)

HealthSmart Rx Solutions, Inc.

**Application for Foreign Corporation for
Authorization to Transact Business in Florida**

Additional Officers

Name	Title	Address
Heather A. Lang	Assistant Secretary	11000 Optum Circle Eden Prairie, MN 55344
Jessica Leigh Zuba	Assistant Secretary	11000 Optum Circle Eden Prairie, MN 55344

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HEALTHSMART RX SOLUTIONS, INC., an Ohio corporation, Charter No. 751968, having its principal location in Aurora, County of Portage, was incorporated on June 21, 1989 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of December, A.D. 2023.

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202334604518