

F97000000189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

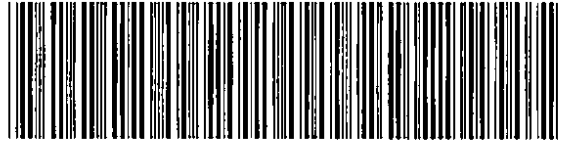
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2022 NOV 22 AM 10:23

FILED

2022 NOV 22 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FL

11/28/2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/22/2022

Acc#I20160000072

*en: c SW*

Name:	OptumInsight, Inc.
Document #:	
Order #:	14646629

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** OptumInsight, Inc.

Name of Corporation  
F97000000189

**DOCUMENT NUMBER:**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Feldman

Name of Contact Person

Optum

Firm/Company

9900 Bren Road East, AZ990-1000

Address

Minnetonka, MN 55343

City/State and Zip Code

christine.e.feldman@uhg.com

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

For further information concerning this matter, please call:

Christine Feldman

Name of Contact Person

at ( 925 ) 519-8819

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**FILED**

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

**2022 NOV 22 AM 10: 37**

F97000000189

**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

\_\_\_\_\_  
(Document number of corporation (if known))

1. OPTUMINSIGHT, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 01/10/1997  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:


*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President, Director	Hardy, Richard David	11000 Optum Circle Eden Prairie, MN 55344	Add
			<del>IX</del> Remove
President, CEO, Director	Schumacher, Daniel John	11000 Optum Circle Eden Prairie, MN 55344	X Add
			<del>L</del> Remove
Assistant Secretary	Langdon, Timothy Joseph	9900 Bren Road East Minnetonka, MN 55343	<del>X</del> Add
			<del>L</del> Remove
			Add
			<del>L</del> Remove
			Add
			<del>I</del> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Heather Anastasia Lang

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**FILING FEE \$35.00**