2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000260

Entity Name: OPTUMHEALTH, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9900 BREN ROAD EAST MINNETONKA, MN 55343 **Current Mailing Address: New Mailing Address:** 5995 PLAZA DRIVE CA112-0267 CYPRESS, CA 90630 FEI Number: 41-1921983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition OWENS, DAWN M Name: Name: 6300 OLSON MEMORIAL HWY Address: Address: City-St-Zip: GOLDEN VALLEY, MN 55427 City-St-Zip: () Delete Title: Title: () Change () Addition Name: PRINCE, JOHN M Name: 6300 OLSON MEMORIAL HWY Address: Address: GOLDEN VALLEY, MN 55427 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition OBERRENDER, ROBERT W Name: Name: 9900 BREN ROAD EAST Address: Address: City-St-Zip: MINNETONKA, MN 55343 City-St-Zip: Title: (X) Delete Title: () Change () Addition GILLESPIE, WILLIAM A Name: Name: Address: 9900 BREN ROAD EAST Address: City-St-Zip: MINNETONKA, MN 55343 City-St-Zip: Title: Title: () Delete (X) Change () Addition RYAN, TIMOTHY F Name: Name: RYAN, TIMOTHY F 9900 BREN ROAD EAST Address: 6300 OLSON MEMORIAL HWY Address: City-St-Zip: MINNETONKA, MN 55343 City-St-Zip: GOLDEN VALLEY, MN 55427 Title: () Delete Title: AS (X) Change () Addition LUIS, JUANITA B Name: LUIS, JUANITA Name: 5901 LINCOLN DRIVE 5901 LINCOLN DRIVE Address: Address: City-St-Zip: EDINA, MN 55436 City-St-Zip: EDINA, MN 55436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY F RYAN S 05/01/2009