

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000260

Entity Name: OPTUMHEALTH, INC.

FILED  
Apr 29, 2010  
Secretary of State

## Current Principal Place of Business:

9900 BREN ROAD EAST  
MINNETONKA, MN 55343

## New Principal Place of Business:

## Current Mailing Address:

5995 PLAZA DRIVE  
CA112-0267  
CYPRESS, CA 90630

## New Mailing Address:

FEI Number: 41-1921983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, D  
Name: OWENS, DAWN M  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: D  
Name: PRINCE, JOHN M  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: T  
Name: OBERRENDER, ROBERT W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: S  
Name: RYAN, TIMOTHY F  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: AS  
Name: LUIS, JUANITA B  
Address: 5901 LINCOLN DRIVE  
City-St-Zip: EDINA, MN 55436

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY F RYAN

S

04/29/2010

Electronic Signature of Signing Officer or Director

Date