2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# M01000002618

Entity Name: OPTUM GROUP, LLC

Current Principal Place of Business:

9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 41-1993914 **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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BERGMARK, R. EDWARD PH.D
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: MGR ( ) Delete
Name: COLBY, RONALD B
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RIVET, JEANNINE M
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNTONKA, MN 55343

Title: MGR (X) Change ( ) Addition
Name: WICHMANN, DAVID S
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: MGR ( ) Change (X) Addition
Name: SPARKMAN, DAVID L
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: MGRM ( ) Change (X) Addition
Name: SPECIALIZED CARE SER, VICES, INC.
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID L. SPARKMAN MGR 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date