

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002618

FILED  
Feb 02, 2005  
Secretary of State

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: RIVET, JEANNINE M  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

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

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MURRAY, BRIAN C  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/02/2005

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