

8/17/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAVITA MEDICAL GROUP FLORIDA CL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

AUG 2 2019

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DaVita Medical Group Florida CI, LLC

Enter new principal office address, if applicable: 1100 Optum Circle

(Principal office address

MUST BE A STREET ADDRESS)

Eden Prairie, MN 55344

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1100 Optum Circle

Eden Prairie, MN 55344

2. The Florida document number of this limited liability company is: M17000006150

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/20/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: OptumCare Florida CI, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Treasurer</u>	<u>Peter M. Gill</u>	United Health Group Incorporated c/o The on Stockholder, Corporate Governance 9900 Bren Road East, Minnetonka, MN 55343	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>John G. Liethen</u>	United Health Group Incorporated c/o The on Stockholder, Corporate Governance 9900 Bren Road East, Minnetonka, MN 55343	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>Heather A. Lang</u>	United Health Group Incorporated c/o The on Stockholder, Corporate Governance 9900 Bren Road East, Minnetonka, MN 55343	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Joseph C. Mello</u>	601 Hawaii St. Attn: JLD/SECGOVFIN. El Segundo, CA 90245	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Jason Schulz</u>	United Health Group Incorporated c/o The on Stockholder, Corporate Governance 9900 Bren Road East, Minnetonka, MN 55343	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

James A. Rechtin

Typed or printed name of signee

Filing Fee: \$25.00

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FILED
19 AUG -1 AM 10:10
MINNAPOLIS, MINN
STATE SECURITIES DIVISION

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DAVITA MEDICAL GROUP FLORIDA CI, LLC", CHANGING ITS NAME FROM "DAVITA MEDICAL GROUP FLORIDA CI, LLC" TO "OPTUMCARE FLORIDA CI, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2019, AT 4:27 O'CLOCK P.M.

FILED
19 AUG - 1 AM 10:10
STATE OF DELAWARE
JUL 1 2019



6485305 8100
SR# 20195655238

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203112272
Date: 06-27-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:27 PM 06/25/2019
FILED 04:27 PM 06/25/2019
SR-2019-665238 - File Number 6425305

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: DaVita Medical Group Florida CI, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. Name of the Limited Liability Company: CpsumCare
Florida 01, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 19th day of June, A.D. 2019.

By:

Authorized Person(s)

Name: James A. Rechten

Print or Type

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SOUTH COAST
FALLAHS IN LORRA

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