

TO: Registration Section
Division of Corporations

SUBJECT: OptumCare Florida CI, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meghan Huso-Higgins

Name of Person

UnitedHealth Group
Firm/Company

9900 Bren Road East, FL950-1000

Address

Minnetonka, MN 55343

City/State and Zip Code

meghan_huso-higgins@uhg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

***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: OptumCare Florida CI, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

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: 7/20/2017

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

5. New name of the limited liability company: _____
(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

City

Florida

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>
_____	See attached list	See attached list	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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.

Timothy J Langdon

Signature of the authorized representative

Timothy J. Langdon, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

Title	Name	Address	Type of Action
Chief Executive Officer	Comstock, M.D. Troy	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add
Chief Financial Officer	Zimmerman, Joseph Anthony	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add
Treasurer	Gill, Peter Marshall	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add
Secretary	Liethen, John George	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add
Assistant Secretary	Langdon, Timothy Joseph	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add
Chief Medical Director	Allen, M.D. Barbara L.	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add
Chief Operating Officer	Fitzpatrick, Bridget	2000 16th Street, JLD/SecGovFin., Denver, CO 80202	Add