

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Phone : (614)280-3338  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OPTUMCARE FLORIDA, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL  
OCT 01 2024

# 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, LLC

Enter new principal office address, if applicable: 2175 Park Place

(Principal office address  
MUST BE A STREET ADDRESS) El Segundo, CA 90245

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX) 2175 Park Place  
El Segundo, CA 90245

2. The Florida document number of this limited liability company is: M19000007681

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/9/2019

## 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

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



Title/Capacity	Name	Address	Type of Action
Chief Executive Officer	Troy Comstock, M.D.	2175 Park Place, El Segundo, CA 90245	Add
Chief Financial Officer	Joseph A. Zimmerman	2175 Park Place, El Segundo, CA 90245	Add
Treasurer	Marilyn V. Hirsch	2175 Park Place, El Segundo, CA 90245	Add
Secretary	John G. Liethen	2175 Park Place, El Segundo, CA 90245	Add
Assistant Secretary	Heather A. Lang	2175 Park Place, El Segundo, CA 90245	Add
Chief Medical Officer	Barbara L. Allen, M.D.	2175 Park Place, El Segundo, CA 90245	Add
OptumCare Holdings, LLC	Member	1 Optum Circle, Eden Prairie, MN 55344	Change