

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005036

Entity Name: OPTUM CLINICAL SERVICES, INC.**Current Principal Place of Business:**9900 BREN ROAD EAST
MINNETONKA, MN 55343**Current Mailing Address:**9900 BREN ROAD EAST
MINNETONKA, MN 55343 US**FEI Number:** 45-3142512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title SECRETARY
Name FRIEDMAN, DANIEL JAY
Address 351 W. CAMDEN STREET
SUITE 100
City-State-Zip: BALTIMORE MD 21201

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title CHIEF EXECUTIVE
OFFICER/DIRECTOR
Name THEISEN, SCOTT EDWIN
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY
Name HUNTLEY, MICHELLE MARIE
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name SHUMACHER, RONALD JOEL
Address 800 KING FARM BOULEVARD
SUITE 600
City-State-Zip: ROCKVILLE MD 20850

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE MARIE HUNTLEY

ASSISTANT SECRETARY 04/09/2016

Electronic Signature of Signing Officer/Director Detail_____
Date