



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000118525

2. Name of Corporation OptumHealth Care Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 6300 OLSON MEMORIAL HIGHWAY

City or Town: GOLDEN VALLEY

State: MN Zip: 55427 Country: USA

4. Business Phone No.

5. State of Incorporation

State: MN

6. Brief Description of the Character of Business Conducted in Rhode Island

Management and administration of chiropractor and complimentary alternative medicine

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL ERIC WEISSEL	100 QUANNAPOWITT PARKWAY, SUITE 405 WAKEFIELD, MA 01880 USA
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	JAY ANTHONY WARMUTH	9700 HEALTH CARE LANE MINNETONKA, MN 55343 USA
DIRECTOR	JOHN MICHAEL PRINCE	13625 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344 USA
DIRECTOR	THOMAS MARTIN MURRAY	11000 OPTUM CIRCLE

		EDEN PRAIRIE, MN 55344 USA
DIRECTOR	MICHAEL ERIC WEISSEL	100 QUANNAPOWITT PARKWAY, SUITE 405 WAKEFIELD, MA 01880 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0238	4,200,000.00	84000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 20 Day of January, 2016 at 5:08:55 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MANDELIN HENDRICKS
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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