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May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **364687** (4)

1. Corporation Name  
**UNITED HEALTHCARE OF FLORIDA, INC.**

Principal Place of Business  
**800 N MAGNOLIA AVE #600**  
**ORLANDO FL 32803**

Mailing Address  
**MR MNO8-8313**  
**9909 BREN ROAD EAST, #300**  
**MINNETONKA MN 55343**  
**US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/26/1970</b>	3a. Date of Last Report <b>05/30/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1293865</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLS, TRAVERS H.</b>	1.2 NAME	
STREET ADDRESS	<b>9900 BREN ROAD EAST, #300</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNETONKA MN 55343</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P/D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUELLENTROP, BLAIR R.</b>	2.2 NAME	<b>Fred C. Dunlap</b>
STREET ADDRESS	<b>2160 HIGHLAND AVE.</b>	2.3 STREET ADDRESS	<b>800 N Magnolia Ave, Ste 600</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL 35205</b>	2.4 CITY-ST-ZIP	<b>Orlando FL 32803</b>
TITLE	<b>VFD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPPE, DAVID P.</b>	3.2 NAME	<b>Allan J. Weiss</b>
STREET ADDRESS	<b>9900 BREN ROAD EAST, #300</b>	3.3 STREET ADDRESS	<b>9900 Bren Rd E, Ste 300</b>
CITY-ST-ZIP	<b>MINNETONKA MN 55343</b>	3.4 CITY-ST-ZIP	<b>Minnetonka MN 55343</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPICOLA, BRIGID M.</b>	4.2 NAME	
STREET ADDRESS	<b>9900 BREN ROAD EAST, #300</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNETONKA MN 55343</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTUN, MAYDA C., M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>75 VALENCIA AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHE, KEVIN H.</b>	6.2 NAME	
STREET ADDRESS	<b>9900 BREN ROAD EAST, #300</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNETONKA MN 55343</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 612-936-1717

Date Daytime Phone #

CP2E034 (9/96)