

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 MNO8-9313  
9909 BREN ROAD EAST, #300  
MINNETONKA MN 55343  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/26/1970**

4. FEI Number  
**59-1293865**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **300 Opus Center**

22 City & State

27 **9900 Bren Rd E**

23 Zip Country

28 **Minnetonka, MN 55343**

24

29 **55343** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D WILLS, TRAVERS H.**  
STREET ADDRESS **9900 BREN ROAD EAST, #300**  
CITY-ST-ZIP **MINNETONKA MN 55343**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P/D DUNLAP, FRED C.**  
STREET ADDRESS **800 N MAGNOLIA AVE STE 600**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VTD KOPPE, DAVID P.**  
STREET ADDRESS **9900 BREN ROAD EAST, #300**  
CITY-ST-ZIP **MINNETONKA MN 55343**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T WEISS, ALLAN J.**  
STREET ADDRESS **9900 BREN RD E STE 300**  
CITY-ST-ZIP **MINNETONKA MN**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP


TITLE ☒ DELETE  
NAME **V ANTUN, MAYDA C., M.D.**  
STREET ADDRESS **75 VALENCIA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **S Brigid M. Spicola**  
5.3 STREET ADDRESS **9900 Bren Rd E, #300**  
5.4 CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, unchanged, or on an attachment with an address.

SIGNATURE:  **Brigid M. Spicola** Secretary **2/24/98** (612) 936-1738

CR2E034 (10/97)