

**FOR PROFIT CORPORATION
UNIFORM-BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 034 ***150.00

DOCUMENT #	364687
1. Entity Name	United HealthCare of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 North Magnolia Avenue Suite, Apt. #, etc.		3. Mailing Address Legal Dept. (MN008-T202) Suite, Apt. #, etc.	
Suite 600 City & State Orlando, FL		9900 Bren Road East City & State Minnetonka, MN	
Zip 32803	Country USA	Zip 55343	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1293865		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name C T Corporation System	
	Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
	City Plantation	FL Zip Code 33324

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	Director/President	TITLE	
NAME	Gary L. Schultz	NAME	
STREET ADDRESS	13621 NW 12th Street	STREET ADDRESS	
CITY-ST-ZIP	Sunrise, FL 33323	CITY-ST-ZIP	
TITLE	Director/Vice President	TITLE	
NAME	William A. Munsell	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Christina R. Palme-Krizak	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Allan J. Weiss	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Robert J. Sheehy	NAME	
STREET ADDRESS	9900 Bren Road East	STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Christina R. Palme-Krizak** 03/25/2002 952-936-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)