

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364687

FILED
Apr 02, 2012
Secretary of State

Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751 US

Current Mailing Address:

495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751 US

FEI Number: 59-1293865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LEWIS, THOMAS DAVID PD
Address: 9009 CORPORATE LAKE DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: SEC
Name: MATTHEWS, JOHN JOSEPH SEC
Address: 4560 GROVE PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: TREA
Name: OBERRENDER, ROBERT WORTH TREA
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

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: MANDELIN HENDRICKS

POA

04/02/2012

Electronic Signature of Signing Officer or Director

Date