

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364687

Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.**Current Principal Place of Business:**495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751**Current Mailing Address:**495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751 US**FEI Number:** 59-1293865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name REIDY, GREGORY DAVID
Address 10 CADILLAC DRIVE
 SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name CHOATE, THOMAS CLIFTON
Address 185 ASYLUM STREET, CITY PLACE I
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name ZAFFIRIS, NICHOLAS JEFFREY
Address 3100 SW 145TH AVENUE
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY
Name ESCALONA, EDITH LOURDES
Address 9100 S. DADELAND BLVD
City-State-Zip: MIAMI FL 33156

Title ASSISTANT SECRETARY
Name LANG JACOBSEN, HEATHER
 ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name SCOTT, JULIET TYLER
Address 3100 SW 145TH AVENUE
 SUITES 100/110/120/200
City-State-Zip: MIRAMAR FL 33027

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: HEATHER ANASTASIA LANG JACOBSEN**ASSISTANT SECRETARY 04/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date