

**2020 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	SECRETARY
Name	MURDOCK, SARAH ANN
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

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

Title	DIRECTOR
Name	REIDY, GREGORY DAVID
Address	3000 BAYPORT DRIVE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	ZAFFIRIS, NICHOLAS JEFFREY
Address	5775 PEACHTREE DUNWOODY ROAD NE SUITE C-500
City-State-Zip:	ATLANTA GA 30342

Title	DIRECTOR
Name	ZITUR, JONATHON KEITH
Address	3000 BAYPORT DRIVE
City-State-Zip:	TAMPA FL 33607

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

Title	PRESIDENT
Name	REIDY, GREGORY DAVID
Address	3000 BAYPORT DRIVE
City-State-Zip:	TAMPA FL 33607

**Continues on page 2**

*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****ASSISTANT SECRETARY 05/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	JOHNSON, ERIC HARVEY
Address	3000 BAYPORT DRIVE
City-State-Zip:	TAMPA FL 33607