

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # **364687**

1. Corporation Name
CAC - United HealthCare Plans of Florida, Inc.

Principal Place of Business Mailing Address
75 Valencia Avenue Coral Gables, FL 33134 **MR MN08-8313 9900 Bren Road East, #300 Minnetonka, MN 55343**

3. Date Incorporated or Qualified **5/26/1970** 3a. Date of Last Report **5/20/1995**
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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C T Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature: Typed or printed name of registered agent or officer, if applicable. Date: Registered Agent signature or request when recorded.

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Travers H. Wills	
STREET ADDRESS	9900 Bren Road East, #300	
CITY, ST, ZIP	Minnetonka, MN 55343	
TITLE	President and Director	<input type="checkbox"/> DELETE
NAME	Blair R. Suellentrop	
STREET ADDRESS	2160 Highland Avenue	
CITY, ST, ZIP	Birmingham, AL 35205	
TITLE	V.P., Treasurer and Director	<input type="checkbox"/> DELETE
NAME	David P. Koppe	
STREET ADDRESS	9900 Bren Road East, #300	
CITY, ST, ZIP	Minnetonka, MN 55343	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Brigid M. Spicola	
STREET ADDRESS	9900 Bren Road East, #300	
CITY, ST, ZIP	Minnetonka, MN 55343	
TITLE	Executive Vice President	<input type="checkbox"/> DELETE
NAME	Mayda C. Antun, M.D.	
STREET ADDRESS	75 Valencia Avenue	
CITY, ST, ZIP	Coral Gables, FL 33134	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Kevin H. Roche	
STREET ADDRESS	9900 Bren Road East	
CITY, ST, ZIP	Minnetonka, MN 55343	

13. ATTACHMENTS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

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*****225.00**

5/30/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brigid M. Spicola, Secretary

5/22/96 (612) 936-1709

CR2E034 (12/95)