

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 364687 (4)
 1. Corporation Name
UNITED HEALTHCARE OF FLORIDA, INC.



Principal Place of Business 800 N MAGNOLIA AVE #600 ORLANDO FL 32803	Mailing Address MR MNO8-8313 9909 BREN ROAD EAST, #300 MINNETONKA MN 55343 US
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3. Date Incorporated or Qualified 05/26/1970	3a. Date of Last Report 05/30/1996
4. FEI Number 59-1293865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLS, TRAVERS H.		1.2 NAME	
STREET ADDRESS 9900 BREN ROAD EAST, #300		1.3 STREET ADDRESS	
CITY-ST-ZIP MINNETONKA MN 55343		1.4 CITY-ST-ZIP	
TITLE P/D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUELLENTROP, BLAIR R.		2.2 NAME Fred C. Dunlap	
STREET ADDRESS 2160 HIGHLAND AVE.		2.3 STREET ADDRESS 800 N Magnolia Ave, Ste 600	
CITY-ST-ZIP BIRINGHAM AL 35205		2.4 CITY-ST-ZIP Orlando FL 32803	
TITLE VFD	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOPPE, DAVID P.		3.2 NAME Allan J. Weiss	
STREET ADDRESS 9900 BREN ROAD EAST, #300		3.3 STREET ADDRESS 9900 Bren Rd E, Ste 300	
CITY-ST-ZIP MINNETONKA MN 55343		3.4 CITY-ST-ZIP Minnetonka MN 55343	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPICOLA, BRIGID M.		4.2 NAME	
STREET ADDRESS 9900 BREN ROAD EAST, #300		4.3 STREET ADDRESS	
CITY-ST-ZIP MINNETONKA MN 55343		4.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANTUN, MAYDA C., M.D.		5.2 NAME	
STREET ADDRESS 75 VALENCIA AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		5.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROCHE, KEVIN H.		6.2 NAME	
STREET ADDRESS 9900 BREN ROAD EAST, #300		6.3 STREET ADDRESS	
CITY-ST-ZIP MINNETONKA MN 55343		6.4 CITY-ST-ZIP	

14. I do 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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 612-936-1717

CP2E034 (9/96)