

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 MNO8-9313 9909 BREN ROAD EAST. #300 MINNETONKA MN 55343 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 300 Opus Center
22 City & State	27 9900 Bren Rd E
23 Zip Country	28 Minnetonka, MN
24 25	29 55343 30 USA

3. Date Incorporated or Qualified 05/26/1970	
4. FEI Number 59-1293865	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, FRED C.	2.2 NAME	
STREET ADDRESS	800 N MAGNOLIA AVE STE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPE, DAVID P.	3.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST, #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALLAN J.	4.2 NAME	
STREET ADDRESS	9900 BREN RD E STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brigid M. Spicola	
5.3 STREET ADDRESS	9900 Bren Rd E, #300	
5.4 CITY-ST-ZIP	Minnetonka, MN 55343	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, changed, or on an attachment with an address.

SIGNATURE:  **Brigid M. Spicola** Secretary **2/24/98** (612) 936-1738

CR2E034 (10/97)