

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90254 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 364687

1. Corporation Name
UNITED HEALTHCARE OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
800 N MAGNOLIA AVE #600
ORLANDO FL 32803

Mailing Address
300 OPUS CENTER
9900 BREN RD E
MINNETONKA MN 55343
US

3. Date Incorporated or Qualified
05/26/1970

4. FEI Number
59-1293865

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLS, TRAVERS H.
STREET ADDRESS	9900 BREN ROAD EAST, #300
CITY-ST-ZIP	MINNETONKA MN 55343
TITLE	P/D <input type="checkbox"/> DELETE
NAME	DUNLAP, FRED C.
STREET ADDRESS	800 N MAGNOLIA AVE STE 600
CITY-ST-ZIP	ORLANDO FL
TITLE	VTD <input checked="" type="checkbox"/> DELETE
NAME	KOPPE, DAVID P.
STREET ADDRESS	9900 BREN ROAD EAST, #300
CITY-ST-ZIP	MINNETONKA MN 55343
TITLE	T <input type="checkbox"/> DELETE
NAME	WEISS, ALLAN J.
STREET ADDRESS	9900 BREN RD E STE 300
CITY-ST-ZIP	MINNETONKA MN
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SPICOLA, BRIGID M
STREET ADDRESS	9900 BREN RD E, #300
CITY-ST-ZIP	MINNETONKA MN 55343
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Breriu, John A.
1.3 STREET ADDRESS	9900 Bren Road East, #300
1.4 CITY-ST-ZIP	Minnetonka, MN 55343
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rivet, Jeannine M.
2.3 STREET ADDRESS	9900 Bren Road East, #300
2.4 CITY-ST-ZIP	Minnetonka, MN 55343
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sheehy, Robert J.
3.3 STREET ADDRESS	9900 Bren Road East, #300
3.4 CITY-ST-ZIP	Minnetonka, MN 55343
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Munsell, William A.
4.3 STREET ADDRESS	9900 Bren Road East, #300
4.4 CITY-ST-ZIP	Minnetonka, MN 55343
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Flottemesch, Diane L.
5.3 STREET ADDRESS	9900 Bren Road East, #300
5.4 CITY-ST-ZIP	Minnetonka, MN 55343
6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lubben, David J.
6.3 STREET ADDRESS	9900 Bren Road East, #300
6.4 CITY-ST-ZIP	Minnetonka, MN 55343

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/99

Date

612-992-5399

Daytime Phone #

CR2E034 (1/98)