

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364687

FILED
Jan 03, 2006
Secretary of State

Entity Name: UNITED HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

9900 BREN ROAD EAST (MN008-T202)
ATTENTION LEGAL DEPARTMENT
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 59-1293865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAVIES, MATTHEW M
Address: 494 NORTH KELLER ROAD, SUITE 200
City-St-Zip: MAITLAND, FL 32751 US

Title: T () Delete
Name: OBERRENDER, ROBERT W
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: DEVP () Delete
Name: SHEEHY, ROBERT J
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

Title: DVAT () Delete
Name: WICHMANN, DAVID S
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

Title: AS () Delete
Name: CARON, TIMOTHY G
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

Title: S () Delete
Name: MCDONNELL, MICHAEL J
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J. MCDONNELL

S

01/03/2006

Electronic Signature of Signing Officer or Director

Date