

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364687

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** UNITEDHEALTHCARE 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:**

9900 BREN ROAD EAST (MN008-T502)  
ATTENTION LEGAL DEPARTMENT  
MINNETONKA, MN 55343

**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  
Name: LEWIS, THOMAS D  
Address: 494 NORTH KELLER ROAD, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

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

Title: VCFO  
Name: COTO, RAMON E  
Address: 13621 NW 12TH STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: DVP  
Name: ROSENTHAL, DANIEL I  
Address: 13621 NW 12TH STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: AS  
Name: HUNTLEY DILL, MICHELLE M  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343 US

Title: S  
Name: MATTHEWS, JOHN J  
Address: 200 WEST COLLEGE AVENUE SUITE 219  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE HUNTLEY DILL

AS

01/04/2010

Electronic Signature of Signing Officer or Director

Date