2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006156

1. Entity Name
UNIVERSAL AMERICAN FINANCIAL CORP.

Principal Place of Business	Mailing Address
6 INTERNATIONAL DRIVE RYE BROOK, NY 10573	6 INTERNATIONAL DRIVE RYE BROOK, NY 10573

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2580136

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIFLOWER, MICHAEL A
600 COURTLAND STREET
ORLANDO, FL 32804

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPCE
NAME	BARASCH, RICHARD A
STREET ADDRESS	6 INTERNATIONAL DRIVE
CITY-ST-ZIP	RYE BROOK, NY 10573
TITLE	EVP
NAME	BRYANT, GARY W
STREET ADDRESS	6 INTERNATIONAL DRIVE
CITY-ST-ZIP	RYE BROOK, NY 10573
TITLE	EVP
NAME	WAEGELEIN, ROBERT A
STREET ADDRESS	6 INTERNATIONAL DRIVE
CITY-ST-ZIP	RYE BROOK, NY 10573
TITLE	VP
NAME	BELL, SARAH
STREET ADDRESS	6 INTERNATIONAL DRIVE
CITY-ST-ZIP	RYE BROOK, NY 10573
TITLE	VP
NAME	COCHRANE, CARL L
STREET ADDRESS	6 INTERNATIONAL DRIVE
CITY-ST-ZIP	RYE BROOK, NY 10573
TITLE	VP
NAME	COLLIFLOWER, MICHAEL A
STREET ADDRESS	6 INTERNATIONAL DRIVE
CITY-ST-ZIP	RYE BROOK, NY 10573

UI00000056561
02/20/04-80043-011 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Colliflower Michael A. Colliflower 2/12/04 (407) 628-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #