

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F48738 (1)**

1. Corporation Name

UNITED HEALTHCARE PLANS OF FLORIDA, INC.



Principal Place of Business

75 VALENCIA AVE.
CORAL GABLES FL 33134-3922

Mailing Address

75 VALENCIA AVE.
CORAL GABLES FL 33134-3922

2. Principal Place of Business

2a. Mailing Address

21 Sube, Apt. #, etc.

26 Sube, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

10/19/1981

3a. Date of Last Report

05/01/1995

4. FFL Number

59-2171284

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032 Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 and 607.1509, Florida Statutes, the above named corporation solemnly certifies 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 607.0102, Florida Statutes.

SIGNATURE

(Signature of last registered agent, if applicable, and name of agent)

(Signature of new registered agent, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAMELA, LUIS E	
STREET ADDRESS	75 VALENCIA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, WILFREDO V	
STREET ADDRESS	75 VALENCIA AVE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPICOLA, BRIGID M	
STREET ADDRESS	9900 BREN ROAD EAST	
CITY-STATE-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGUIRE, WILLIAM W	
STREET ADDRESS	9900 BREN RD EAST	
CITY-STATE-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPPE, DAVID P	
STREET ADDRESS	9900 BREN RD EAST	
CITY-STATE-ZIP	MINNETONKA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROCHE, KEVIN H	
STREET ADDRESS	9900 BREN RD EAST	
CITY-STATE-ZIP	MINNETONKA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President and Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Travers H. Wills	
STREET ADDRESS	9900 Bren Road East; #300	
CITY-STATE-ZIP	Minnetonka, Minnesota 55343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	100001772941	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-04/09/96--01005--031	
STREET ADDRESS	***225.00	
CITY-STATE-ZIP		
TITLE	Director and Exec. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan J. Weiss	
STREET ADDRESS	9900 Bren Road East; #300	
CITY-STATE-ZIP	Minnetonka, Minnesota 55343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information contained 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 a person 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 required, on an annual report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brigid M. Spicola, Secretary

3/25/96

(612) 936-1709

CR2E034 (12/95)

4/8/96 JR