FILED
Jun 13, 2002 8:00 am
Secretary of State
04-17-2002 90019 014 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008537

1. Entity Name

UNITED HEALTH CARE BENEFITS OF AMERICA, LLC

92715 [redacted]

Principal Place of Business	Mailing Address
5940 PELICAN BAY PLAZA, SUITE 505 B GULFPORT FL ~~33708~~ 33707	5940 PELICAN BAY PLAZA, SUITE 505 B GULFPORT FL ~~33708~~ 33707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 33707	Country Pinellas

4. FEI Number 59-3728635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LENNY
5940 PELICAN BAY PLAZA, SUITE 505 B
GULFPORT FL 33708 7

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE LENNY ROTH ✓ Lenny Roth 3/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 ✓
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-MANAGER LENNY ROTH 5940 PELICAN BAY PLAZA SUITE 505-B GULFPORT FL. 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓ SIGNATURE REQUIRED PRES 3/22/02 727-347-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #