2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# M03000003876

Entity Name: UNITED HEALTHCARE PRODUCTS, LLC

Current Principal Place of Business:

UNITEDHEALTH GROUP CENTER
9900 BREN RD. EAST
MINNETONKA, MN 55343

New Principal Place of Business:

UNITEDHEALTH GROUP CENTER
9900 BREN ROAD EAST
MINNETONKA, MN 55343

Current Mailing Address:

UNITEDHEALTH GROUP CENTER
9900 BREN RD. EAST (MN008-T500)
MINNETONKA, MN 55343

New Mailing Address:

UNITEDHEALTH GROUP CENTER
9900 BREN ROAD EAST (MN008-T440)
MINNETONKA, MN 55343

FEI Number: 41-2012479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: QUAM, LOIS E
Address: UNITEDHEALTH GROUP CENTER
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KOSECOFF, PH.D., JACQUELINE B
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

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 is true and accurate and that my electronic 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: JACQUELINE B. KOSECOFF, PH.D. MGR 01/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date