P03000068394

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000129161 3)))

H12000129161 3ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 10 PM 3: 12

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RE-SUBMIT
Please retain original filing date of submission 5/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ______________________

REGISTERED AGENT CHANGE
MEDICA HEALTHCARE PLANS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

RA/RO/chg
(10) 5/11/12

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 11 AM 8: 11

NOT TO BE USED TO ACKNOWLEDGE SUFFICIENCY OF FILING

Electronic Filing Menu   Corporate Filing Menu   Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICA HEALTHCARE PLANS, INC.
Name of Corporation

DOCUMENT NUMBER: P03000068374

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Waskosky
Name of Contact Person

UnitedHealth Group Incorporated
Firm/Company

9900 Bren Road East, Legal Department (MN008-T502)
Address

Minnetonka, MN 55343
City/State and Zip Code

nancy_m_waskosky@uhc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Waskosky at (952) 936-1709
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (1/05)

FLRUS - 07/23/2009 C T System Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: MEDICA HEALTHCARE PLANS, INC.

2. The principal office address: 4000 Ponce De Leon Blvd., Suite 650, Coral Gables, FL 33146

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/19/2003 Document number: P03000068374

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Martiniano J. Perez

4000 Ponce De Leon Blvd., Suite 650

Coral Gables, FL 33146

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 10 PM 3:12

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director — Michelle Hunkey Dill, Assistant Secretary — Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed hereto to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent — Date

If signing on behalf of an entity:

Michele Miller
Typed or Printed Name
Assistant Secretary

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FL001 - 01/23/2009 C T System Online