FILED Mar 07, 2005 8:00 am Secretary of State

		MNUAL I		7	r	_	Secretary	OI 51	. 41 L.V.	
1. Entity Nam	10	# P040001406	97	•			01-31-2005 90056			
UNITED F	HEALTH P	LANS, INC.				"				
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·					
1710 S.W. 68TH AVE. PLANTATION FL 33317			1710 S.W. 68TH AVE. PLANTATION FL 33317			66003614				
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Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State			City & State			4. FEI Numb	4. FEI Number VAppisd For Not Applicable			
Zip	Zip Country		Zīp Coun		ntry	5. Certificate of Status Desired				
•	6. Name i	and Address of Curren	t Registered Agent	·		7. Name and	Address of New Registered	Agent		
TORNELLO, JOSEPH'R					Name					
1710 S.W. 68TH AVE. PLANTATION FL 33317			Street Address		s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
					City	FL Zip Code				
	named entity tions of registe		for the purpose of changing it	s register	ed office or regis	tared agent, or bo	ith, in the State of Florida. I am	familiar with.	and accept	
SIGNATURE			·							
CONTROL WATER		r protect name of registered ages		Е. Андиние	od Agent signature requi	ried when recreitating)	DATE			
Missis After	May 1- 200	FEE IS \$150.00 5 Fee Will Be \$550.0 Florida Department	m (୭୪୬) ଧର				Election Campaign Finance Trust Fund Contribution.		00 May 8e of to Fees	
10.		OFFICERS ANI		11,		ADDITIONS	/CHANGES TO OFFICERS AN	D DIRECTORS	3IN 11	
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12. I hereby certify that the information supplied with this filling 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 eath; 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:

NOSEPH. R. TURACLE DIPETERAL DIPETERAL

1/24/05 984741916