

PO 5000 12/1690

Florida Department of State  
Division of Corporations  
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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) 878-5369

**\*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 HEALTH PLANS OF FLORIDA, INC.

Certificate of Status	0
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MAY 11 2012

T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICA HEALTH PLANS OF FLORIDA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** PO5000121690

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

United Health Group Incorporated  
Firm/Company

9900 Bron 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 #1 ( 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

CR2E043 (8/05)

FL005 - 01/11/2008 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 HEALTH PLANS OF FLORIDA, 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: 09/01/2005 Document number: P05000121690

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 Perez
4000 Ponce De Leon Blvd., Suite 650
Coral Gables, FL 33146

6. The name and street address of the new registered agent (if changed) and for 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 Huntley Hill, 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 merely 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:

Michale Miller
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)

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TALLAHASSEE, FLORIDA