

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089038 (1)

1. Corporation Name

UNITED MEDICAL GROUP, INC.

Principal Place of Business

75 VALENCIA AVENUE
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 1459, MN08-8313
MINNEAPOLIS MN 55440-1459



3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0539307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LAMELA, LUIS E
STREET ADDRESS 75 VALENCIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME MCGUIRE, WILLIAM W
STREET ADDRESS 9900 BREN ROAD EAST, #300
CITY-ST-ZIP MINNETONKA MN 55343

TITLE ☐ DELETE

NAME KOPPE, DAVID P
STREET ADDRESS 9900 BREN ROAD EAST, #300
CITY-ST-ZIP MINNETONKA MN 55343

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

President and CEO
(as well as Director)

☐ Change ☒ Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

Director and EVP

☒ Change ☐ Addition

22. NAME

Travers H. Wills

23. STREET ADDRESS

9900 Bren Road East, #300

24. CITY-ST-ZIP

Minnetonka, MN 55343

3. TITLE

Vice President and Treasurer

☐ Change ☒ Addition

32. NAME

(as well as Director)

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

Secretary

☐ Change ☒ Addition

42. NAME

Brigid M. Spicola

43. STREET ADDRESS

9900 Bren Road East

44. CITY-ST-ZIP

Minnetonka, MN 55343

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brigid M. Spicola

Secretary

1/15/96

Date

(612) 936-1709

Daytime Phone #

CR2E034 (12/95)