

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 364687

**FILED**  
**Apr 07, 2018**  
**Secretary of State**  
**CC5237783768**

**Entity Name:** UNITEDHEALTHCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

495 NORTH KELLER ROAD  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

495 NORTH KELLER ROAD  
SUITE 200  
MAITLAND, FL 32751 US

**FEI Number:** 59-1293865

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            REIDY, GREGORY DAVID  
Address        10 CADILLAC DRIVE  
                  SUITE 200  
City-State-Zip: BRENTWOOD TN 37027

Title            SECRETARY  
Name            ESCALONA, EDITH LOURDES  
Address        9100 S. DADELAND BLVD  
City-State-Zip: MIAMI FL 33156

Title            TREASURER  
Name            OBERRENDER, ROBERT WORTH  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            ASSISTANT SECRETARY  
Name            LANG JACOBSEN, HEATHER  
                  ANASTASIA  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            DIRECTOR  
Name            CHOATE, THOMAS CLIFTON  
Address        185 ASYLUM STREET, CITY PLACE I  
City-State-Zip: HARTFORD CT 06103

Title            DIRECTOR  
Name            SCOTT, JULIET TYLER  
Address        3100 SW 145TH AVENUE  
                  SUITES 100/110/120/200  
City-State-Zip: MIRAMAR FL 33027

Title            DIRECTOR  
Name            ZAFFIRIS, NICHOLAS JEFFREY  
Address        3100 SW 145TH AVENUE  
City-State-Zip: MIRAMAR FL 33027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER ANASTASIA LANG JACOBSEN

**ASSISTANT SECRETARY    04/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date