

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364687

Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

495 NORTH KELLER ROAD
SUITE 200
MAITLAND, FL 32751

FILED
Apr 17, 2023
Secretary of State
1217883409CC

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 DIRECTOR, PRESIDENT, CEO
Name ZAFFIRIS, NICHOLAS JEFFREY
Address 3000 BAYPORT DRIVE,SUITE 1170
City-State-Zip: TAMPA FL 33607

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

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

Title DIRECTOR, CFO
Name ZITUR, JONATHON KEITH
Address 3000 BAYPORT DRIVE,SUITE 1170
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name HALPERN, LORI IRIS
Address POST OFFICE BOX 9472,MAIL CODE:
FL960-1000
City-State-Zip: MINNEAPOLIS MN 55440

Title VP
Name COTTINGTON, NYLE BRENT
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY
Name SHJERVE, NICHOLAS ROBERT
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title TREASURER
Name GILL, PETER MARSHALL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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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

ASSISTANT SECRETARY 04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. SECRETARY
Name ZUBA, JESSICA LEIGH
Address POST OFFICE BOX 9472,MAIL CODE:
CA952-1000
City-State-Zip: MINNEAPOLIS MN 55440-9472