

2020 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
May 31, 2020
Secretary of State
1050811450CC

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 SECRETARY
Name MURDOCK, SARAH ANN
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

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

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

Title DIRECTOR
Name REIDY, GREGORY DAVID
Address 3000 BAYPORT DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name ZAFFIRIS, NICHOLAS JEFFREY
Address 5775 PEACHTREE DUNWOODY ROAD
NE
SUITE C-500
City-State-Zip: ATLANTA GA 30342

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

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

Title PRESIDENT
Name REIDY, GREGORY DAVID
Address 3000 BAYPORT DRIVE
City-State-Zip: TAMPA FL 33607

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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 05/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, ERIC HARVEY
Address 3000 BAYPORT DRIVE
City-State-Zip: TAMPA FL 33607