

**2022 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

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

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

Title DIRECTOR  
Name MICHAEL SHERMAN, LAWTON  
Address 3100 SW 145TH AVE  
City-State-Zip: MIRAMAR FL 33027

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

Title DIRECTOR  
Name LORI IRIS , HALPERN  
Address POX 9472  
City-State-Zip: MINNEAPOILS MN 55440

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

Title PRESIDENT  
Name MICHAEL SHERMAN, LAWTON  
Address 3100 SW 145TH AVE,  
City-State-Zip: MIRMAR FL 33027

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

**Continues on page 2**

*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**

**ASST. SECRETARY**

**04/27/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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