

2013 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 PRESIDENT, DIRECTOR
Name LEWIS, THOMAS DAVID
Address 9009 CORPORATE LAKE DRIVE
City-State-Zip: TAMPA FL 33634

Title SECRETARY
Name MATTHEWS, JOHN JOSEPH
Address 4560 GROVE PARK DRIVE
City-State-Zip: TALLAHASSEE FL 32311

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

Title ASST. SECRETARY
Name HUNTLEY DILL, MICHELLE MARIE
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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: MICHELLE MARIE HUNTLEY DILL

ASSISTANT SECRETARY 04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date