

2024 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 21, 2024
Secretary of State
1476604523CC

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 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title VP
Name COTTINGTON, NYLE BRENT
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title ASSISTANT SECRETARY
Name ZUBA, JESSICA LEIGH
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name GILL, PETER MARSHALL
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR, PRESIDENT
Name LAWTON, MICHAEL SHERMAN
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR, CFO
Name ZITUR, JONATHON KEITH
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name HALPERN, LORI IRIS
Address 495 NORTH KELLER ROAD
SUITE 200
City-State-Zip: MAITLAND FL 32751

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

ASSISTANT SECRETARY 04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TITA, MARYBETH ALEXIS
Address 495 NORTH KELLER ROAD
 SUITE 200
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name SEARNS, BRYN [NMN]
Address 495 NORTH KELLER ROAD
 SUITE 200
City-State-Zip: MAITLAND FL 32751