2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2013
Secretary of State
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Entity Name: MEDICA HEALTHCARE PLANS, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES, FL 33146 US

FEI Number: 01-0788576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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	POLICH, CYNTHIA LONGSETH
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	SECRETARY
Name	OLSON, CANDY BAJWA
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	TREASURER
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 RAOD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR, CEO
Name	PEREZ, RAFAEL PEDRO
Address	4000 PONCE DE LEON BOULEVARD SUITE 650
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	HENRIQUES, ADOLFO
Address	2855 SOUT LEJEUNE ROAD
City-State-Zip:	CORAL GABLES FL 33134

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 ASST. SECRETARY 04/05/2013

Electronic Signature of Signing Officer/Director Detail — Date