

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121690

Entity Name: MEDICA HEALTH PLANS OF FLORIDA, INC.

FILED
Apr 06, 2016
Secretary of State
CC7261938849

Current Principal Place of Business:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156

Current Mailing Address:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156 US

FEI Number: 20-3391186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SSYSTEM
C/O 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 RODRIGUEZ, ROGER
Address 9100 SOUTH DADELAND BOULEVARD
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name WEIKEL, KRISTINE MARIE
Address 9900 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 ASSISTANT SECRETARY
Name HUNTLEY, MICHELLE MARIE
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name HNATH, WILLIAM JOSEPH
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name NOEL, TIMOTHY JOHN
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name ONORATI, ANNETTE CLARE
Address 9100 SOUTH DADELAND BOULEVARD
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name EKLO, BENJAMIN NELSON
Address 9800 HEALTH CARE LANE,
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

ASSISTANT SECRETARY 04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date