

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121690

Entity Name: PREFERRED CARE NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156

FILED
Jan 30, 2024
Secretary of State
8423638317CC

Current Mailing Address:

9900 BREN ROAD EAST
ATTENTION LEGAL DEPARTMENT
MINNETONKA, MN 55343 US

FEI Number: 20-3391186

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 ASSISTANT SECRETARY
Name LANG, HEATHER A.
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

Title CFO
Name ZITUR, JONATHON K.
Address 3000 BAYPORT DRIVE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PRIETO, JENNIFER D.
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title PRESIDENT, DIRECTOR
Name MURRELL, WARREN P. III
Address 495 NORTH KELLER ROAD
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name SWANSON, TYLER D.
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title SOLE SHAREHOLDER
Name UNITED HEALTHCARE SEVICES LLC
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: HEATHER A. LANG

ASSISTANT SECRETARY 01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date