

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000121690

**Entity Name:** MEDICA HEALTH PLANS OF FLORIDA, INC.

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC4427402620**

**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 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            ESCALONA, EDITH LOURDES  
Address        9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

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

Title            ASSISTANT SECRETARY  
Name            LANG JACOBSEN, HEATHER  
ANASTASIA  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

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

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

**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 JACOBSEN**

**ASSISTANT SECRETARY    04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ST. MARTIN, BRIAN HOWARD  
Address        9800 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343