

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121690

Entity Name: MEDICA HEALTH PLANS OF FLORIDA, 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: 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 THOMPSON, RAGENEA KAY
Address 4000 PONCE DE LEON BOULEVARD
 SUITE 650
City-State-Zip: CORAL GABLES FL 33146

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

Title ASSISTANT SECRETARY
Name HUNTLEY DILL, MICHELLE MARIE
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: MICHELLE MARIE HUNTLEY DILL

ASSISTANT SECRETARY 04/05/2014

Electronic Signature of Signing Officer/Director Detail

Date