Division of Corporations Florida Department o bate Division of Corporation Electro Cover Sha Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H120002062203))) H120002082203ABCP Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone 1 (850)222-1092 Fax Number : (850)878-5368 DISSOLUTION OR WITHDRAWAL PACIFICARE HEALTH PLAN ADMINISTRATORS, INC. Certificate of Status Ô Certified Copy 0 Υ. 03 Page Count Estimated Charge \$35.00 ഹ AUG Electronic Filing Menu Corporate Filing Menu Help

2609869998

COVER LETTER

ħ,

TO: Amendment Section **Division of Corporations**

SUBJECT; PacifiCare Hoalth Plan Administrators, Inc.

(Name of Corporation)

DOCUMENT NUMBER: 850868

The enclosed withdrawal application and fee are submitted for filing, Please return all correspondence concerning this matter to the fallowing:

r	Delaine W	hitchead						
` 	(Name of Person)							
Ę,	.UnitedHealthcare							
_	(Firm/Company)							
5	5995 Flaza Drive, MS CA112-0267							
	(Address)							
Cypress, CA 90630								
	(City/State and Zip code)							
For further	inform	tion concerning this ma	tter, please call:					
Delaine, Whi	itehend		at (ر 22	26-3482			
Enclosed is		me of Person) k for the amount:		Cod	e & Daytime Telephone Number)			
図 -\$35:Fili	ng Fee	S43.75 Filing Fee & Certificate of Status	Statistics (Copy Certified Copy (Additional copy Enclosed)		Solution (Additional copy is enclosed)			
	Am Divi P.O	ILING ADDRESS: Endment Section sion of Corporations Box 6327 ahassee, FL 32314			STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL, 32301			

FL032 - 95/16/2012 Wolway Klower Opline

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

PacifiCare Health	Plan Administrators; Inc.	5
······································	(Name of Corporation)	to Total
		AUG CALL
850868		
	(Document Number of Corporation (if known)	6
		PH TA
Indiana		F. C.
	(Incorporated Under Laws of)	

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

5995 Plaza Drive, Mail Stop CA112-0267

(Mailing Address)

Cypress, CA 90630

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Ngnature of a director, president of other officer - if in the bands of a receiver or other court appointed fiduciary, by that fiduciary)

August <u>8</u>, 2012 (Date)

Michelle M. Eluntiey Dill (Typed or printed name of person signing) Assistant Secretary

(little of person signing)

FILING FEE \$35

HLB32 -05 In \$112 Walters Klaver Cathy