

F04000005691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

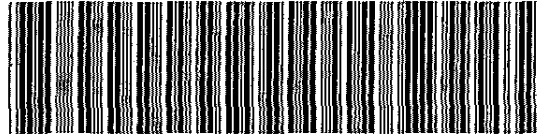
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/01/05--01018--009 \*\*43.75

W. H. H. R.  
CRP  
3/3



definity health

February 25, 2005

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Withdraw foreign qualification  
of Definity Health of New York, Inc.**

Dear Corporations Representative:

Please find enclosed an Application by Foreign Corporation for Withdrawal of Authority to Transact Business in Florida. Also enclosed is a check of \$43.75 for the filing fee plus one Certificate of Status.

The Certificate of Status should be mailed to:

Definity Health Corporation  
Attn: Mary Chandler  
1600 Utica Ave. S., Suite 900  
St. Louis Park, MN 55416

If you have any questions, please contact me by telephone at 952.277.5662 or by e-mail at [mary.chandler@definityhealth.com](mailto:mary.chandler@definityhealth.com).

Sincerely,

Mary Chandler  
Licensing Administrator

enclosures

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Definity Health of New York, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F04000005691

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Mary Chandler  
(Name of Person)

Definity Health Corporation  
(Firm/Company)

1600 Utica Ave. S., Suite 900  
(Address)

St. Louis Park, MN 55416  
(City/State and Zip code)

For further information concerning this matter, please call:

Mary Chandler at ( 952 ) 277-5662  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

Definity Health of New York, Inc.

(Name of Corporation)

F04000005691

(Document Number of Corporation (if known))

Minnesota

(Incorporated Under Laws of)

FILED  
05 FEB 28 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

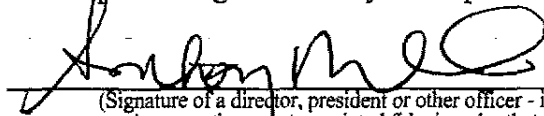
Attn: Compliance Officer, 1600 Utica Ave. S., Suite 900

(Mailing Address)

St. Louis Park, MN 55416

(City/ State /Zip)

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



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

February 10, 2005

(Date)

Anthony J. Miller

(Typed or printed name of person signing)

CEO

(Title of person signing)

**FILING FEE \$35**