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DISSOLUTION OR WITHDRAWAL

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MAY **19** 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Prescription Solutions, Inc.	
	of Corporation)
DOCUMENT NUMBER: F09000004739	
The enclosed withdrawal application and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Andria Schwanz	
(Name	e of Person)
UnitedHealth Group Incorporated	
(Firm	(Company)
UnitedHealth Group Center, 9900 Bren Road East	
. (A	ddress)
Minnetonka, MN 55343	
(City/Stat	e and Zip code)
For further information concerning this matter, plea	se call:
Andria Schwanz at	(952) 931-5319
(Name of Person)	(Area Code & Daytime Telephone Number)
COMPANIES A PARAMETERS.	MAILING ADDRESS:
STREET ADDRESS: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

(Name of Corporation)

Prescription Solutions, Inc.

(Mailing Address) metonka, MN 55343 (City/ State /Zip) ion agrees to notify the Department of State in the future of any change in its mailing a White Mailing Address (City/ State /Zip) For agrees to notify the Department of State in the future of any change in its mailing a White Mailing Address (City/ State /Zip)		· ,
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