

PO 7000128219

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**DISSOLUTION OR WITHDRAWAL
PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$52.50

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

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date of submission **11/14**

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Corporate Filing Menu

Help

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PC

11/18/11



November 15, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.
8637 FREDERICKSBURG ROAD
SUITE 400
SAN ANTONIO, TX 78240

SUBJECT: PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.
REF: P07000128219

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

*****THE COVERSHEET MUST READ: DISSOLUTION *****

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000269436
Letter Number: 511A00025886

RE-SUBMIT

Please retain original filing

P.O. BOX 6327 - Tallahassee, Florida 32314

date of submission 11/14



November 14, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.
8637 FREDERICKSBURG ROAD
SUITE 400
SAN ANTONIO, TX 78240

SUBJECT: PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.
REF: P07000128219

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If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000269436
Letter Number: 411A00025725

RECEIVED

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RECEIVED
TALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians Health Choice of Florida, Inc.

DOCUMENT NUMBER: P07000128219

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Stoltenberg

(Name of Contact Person)

UnitedHealth Group Incorporated

(Firm/Company)

9900 Bren Road East, MN008-T502

(Address)

Minnetonka, MN 55343

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Stoltenberg

(Name of Contact Person)

at (952) 936-7303

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Physicians Health Choice of Florida, Inc.

SECOND: The document number of the corporation (if known): P07000128219

THIRD: The date dissolution was authorized: 11/10/2011

Effective date of dissolution if applicable: 11/30/2011

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the sharcholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michelle Huntley Dill

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

Filing Fee: \$35

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