Division of Corporations Division of Corporations **Electronic Filing Cover Sheet** 

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> > (((H15000217061 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842 Phone : (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

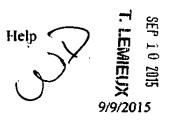
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COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITED HEALTHCARE SERVICES OF MINNESOTA, INC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT United Healthcare Sar	vices of Minnesota Inc.		
DOCUMENT NUMBER:	P31940		
The enclosed Resolution of the Board of Directors fee are submitted for filing.	to Withdraw the Alternate name for use in Florida and		
Please return all correspondence concerning this ma	atter to the following:		
Nancy Waskosky			
(Name of Contact Person)	<del></del>		
United HealthCare Services (Firm/Company)	, Inc.		
9900 Bren Road East (MN008-	Γ502)		
Minnetonka, MN 55343			
(City/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
Nancy Waskosky	rea Code & Daytime Telephone Number)		
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida De			
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Cortified Copy (Additional copy is enclosed)  \$52.50 Filing Fee. Cortificate of Status & Certified Copy (Additional copy is enclosed)		
	Address:		
Division of Corporations Divis	Division of Corporations		
	Clifton Building		

Tallahassee, Fl. 32301

CR2E124 (04/12)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Michelle M. Huntley	, do hereby certify				
(Name)					
that this Resolution of the Board of Directors of United	HealthCare Services, Inc.				
(Name of Corporati	on)				
a corporation duly organized and existing under the laws of	Minnesota				
. , ,	(State or Country)				
was adopted on August 28, 2015	withdrawing the alternate				
United HealthCare Services of Minnesota, Inc.					
(Current Alternat	e Name)				
in Florida as its real name is available in Florida.					
Dale: September 2, 2015					
munue m Lunuay	Assistant Secretary				
Signature of Chairman, Vice Chairman of the Board, a	Title of person signing				

FILING FEE S38

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E124 (04/12)