

P31940

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

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: United Healthcare Services of Minnesota, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P31940

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Nancy Waskosky**

(Name of Contact Person)

**United HealthCare Services, Inc.**

(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:

**Nancy Waskosky**

(Name of Contact Person)

at **(952) 936-1709**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



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**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



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 Corporation)

a corporation duly organized and existing under the laws of Minnesota,  
(State or Country)

was adopted on August 28, 2015 withdrawing the alternate

name of United HealthCare Services of Minnesota, Inc.  
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: September 2, 2015

Michelle M. Huntley  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

Assistant Secretary  
Title of person signing

**FILING FEE \$35**  
Make checks payable to Florida Department of State and mail to:  
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P.O. Box 6327  
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