

Office of State Treasurer Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

09/07/2001

20173

DEBIT MEMORANDUM

To: DEPARTMENT OF

General Revenue Total	0.00	
Trust Total	1,028.00	
Other Total	0.00	
Total	\$1,028,00	

Distribution

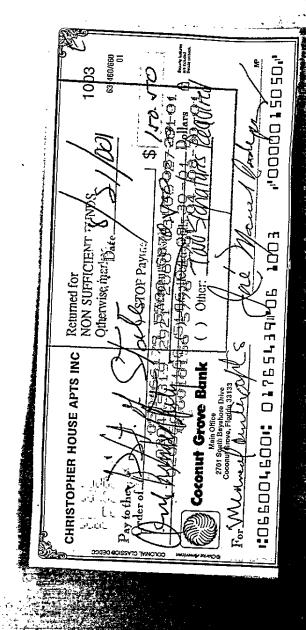
Cross Ref	Samas Code	Reason	Amount
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	50.00
204	45-50-2-130001-45300100-00-000100-00	OTHER	50.00
204	45-50-2-130001-45300100-00-000100-00		50.00
204		INSUFFICIENT FUNDS	61.25
	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
204	45-50-2-130001-45300100-00-000100-00	OTHER	78.75
204	45-50-2-130001-45300100-00-000100-00	OTHER	150.50
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	
		TUDOLI TOTALI L'OMOS	558.75

Grand Total:

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

The above named fund(s) has been reduced by the amount of this check(s) under the reduced by authority of Section 215.34, F.S.

State Treasure



1009068296 **** 150 50 -08/23/01-01039-029 -08/23/01-01039-029 5 100906829



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 21, 2001

Medical Center Apartments LTD % Medical Center Apartments Inc. 964 SW 10th Street Miami, FL 33130

SUBJECT: MEDICAL CENTER APARTMENTS, LTD.

Ref. Number: A01000001123

Debit Memo #: 21173-E

This is to inform you that your check #1003 dated August 31, 2001 in the amount of \$150.50 and submitted for MEDICAL CENTER APARTMENTS, LTD. has been returned to us by your bank because of Two Signatures Required.

We request that you remit a cashier's check or money order in amount of \$165.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 201A00052947



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 24, 2001

Medical Center Apartments LTD % Medical Center Apartments Inc. 964 SW 10th St. Miami, FL 33130

SUBJECT: MEDICAL CENTER APARTMENTS, LTD.

Ref. Number: A01000001123

Debit Memo #: 21173-E

Due to your failure to respond to our previous letter advising you of the returned check #1003, the Certificate of Limited Partnership for MEDICAL CENTER APARTMENTS, LTD. has been cancelled and is considered not filed as of October 24, 2001.

Letter Number: 101A00058571

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations