

F 93 000000 499

FILING COVER SHEET

REFERENCE:

0173.650

DATE:

10-7-91

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

300002314103--6

-10/07/97-01066-010

*****35.00 *****35.00

TELEPHONE:

222-1173

SUBJECT:

Intracare Holdings Corporation

STATE FEES PREPAID WITH CHECK # 6882 FOR \$ 35.00

PLEASE FILE:

Withdrawal

() ARTICLES OF INC.

() AMENDMENT

() DISSOLUTION

() ANNUAL REPORT

() QUALIFICATION

() LIMITED PARTNERSHIP () ANNUAL REPORT

() FICTITIOUS NAME

() LIMITED LIABILITY () REINSTATEMENT

() UCC-1

() UCC-3

PROVIDE US WITH:

() CERTIFIED COPY

() CERTIFICATE OF STATUS

☒ STAMPED COPY

Examiner's Initials

Refund RFP
PR
10/14

RECEIVED
97 OCT 7 AM 11:06
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 7, 1997

CORPORATE & CRIMINAL RESEARCH SERVICES

TALLAHASSEE, FL 32301

SUBJECT: INTRACARE HOLDINGS CORPORATION
Ref. Number: F93000000499

We have received your document for INTRACARE HOLDINGS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on February 17, 1997.

Enclosed is an application for refund.

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) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 297A00049174

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Charles Baclet & Associates EIN or SS#: 33-0681443

Address: 2030 Main Street, Suite 1040
Irvine, California 92614

Amount: \$35.00 Date Paid 10-7-97

Reason for claim: WITHDRAWAL WITHDRAWN SINCE IT WAS PREVIOUSLY FILED
2-17-97 FOR INTRACARE HOLDINGS CORPORATION F93000000499

Certified true and correct this 12 day of October, 19 97.

Signature C. Baclet, President K. GIBSON

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 35.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01066-010 dated 10/17/97

Name of Account 4520213000145300000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 ____.

Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)

RECEIVED
OCT 14 AM 7:56
DIVISION OF CORPORATIONS