F93000001265

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: C T Corporation System EIN or SS#: _____

Address: 6100 East Jefferson Street

Tallahassee, FL 32301

Amount: $35.00 Date Paid _____

Reason for claim: Document will not be filed.

PROFESSIONAL ANESTHESIA SERVICES, INC. (F93000001265) Order # 781363

Certified true and correct this 4th *day of* June , *19* 97 .

Signature Connie Berg

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

Attn: J.M. French - Amendments

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. 01056-013 *dated* 04/30/97

Name of Account

45202130001453000000000010000

Statutory Authority for Collection 607.0122

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

NAME OF ACCOUNT:

45202130001453000000002200200000

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

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)

CR2E060(6/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 30, 1997

C T CORPORATION SYSTEM

6/3

TALLAHASSEE, FL

Sent refund app.

SUBJECT: PROFESSIONAL ANESTHESIA SERVICES, INC.
Ref. Number: F93000001265

We have received your document for PROFESSIONAL ANESTHESIA SERVICES, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name in number five of the document and the name on the certificate from Delaware do not match --- the word "Physician" is misspelled on the certificate from Delaware.

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 (904) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 497A00022611

Document Number Only

F93000001265

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City State Zip Phone

500000216026S--6
-04/30/97--01056--013
*****35.00 *****35.00

RECEIVED
97 APR 30 PM 12:04
DIVISION OF CORPORATION

CORPORATION(S) NAME

Spectrum Physician and Allied Health Services, Inc.
formerly:
Professional Anesthesia Services, Inc.

( ) Profit ( ) NonProfit ( ) Limited Liability Company	(X) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal	( ) Mark
( ) Limited Partnership ( ) Reinstatement ( ) Limited Liability Partnership	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of R.A. ( ) Fictitious Name
( ) Certified Copy	( ) Photo Copies	( ) CUS
( ) Call When Ready (X) Walk In ( ) Mail Out	( ) Call if Problem ( ) Will Wait	( ) After 4:30 (X) Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

(PLEASE RETURN EXTRA COPY(S) FILE STAMPED)

4-30-97

4/30

name change

3

CR2E031 (1-89)