



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2018

A WISE CHOICE ENT., LLC
617 EXECUTIVE CENTER DRIVE
S 303
WEST PALM BEACH, FL 33401

700311032227

SUBJECT: A WISE CHOICE FL MEDICAL BILLING COMPANY, LLC
Ref. Number: L12000006358

Debit Memo #: 029273-E

Due to your failure to respond to our previous letter advising you of the attached returned check #100, the 2017 annual report has been cancelled and is considered not filed as of March 15, 2018. The entity has now been administratively dissolved/revoked and will have to reinstate and pay all fees due this office to return to active status.

Enclosed is the certificate of dissolution/revocation.

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely
Tammi Cline
Regulatory Specialist III
Division of Corporations

Letter number: 918A00005923



Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

A WISE CHOICE FL MEDICAL BILLING COMPANY, LLC having failed to file its 2017 annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked on September 22, 2017.

The document number of this entity is L12000006358.



CR2EO22 (1-11)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-third day of March, 2018

Ken Detzner

Ken Detzner
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2017

A WISE CHOICE ENT., LLC
617 EXECUTIVE CENTER DRIVE
D 303
WEST PALM BEACH, FL 33401

SUBJECT: A WISE CHOICE ENT.,LLC,and A WISE CHOICE FL MEDICAL
BILLING COMPANY, LLC, and WOMEN MAKING POSITIVE CHANGES, INC.
Ref. Number: L13000050969

Debit Memo #: 029273-E

This is to inform you that your check #100 dated September 14, 2017 in the amount of \$338.75 and submitted for A WISE CHOICE ENT.,LLC,and A WISE CHOICE FL MEDICAL BILLING COMPANY, LLC, and WOMEN MAKING POSITIVE CHANGES, INC. has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$355.69 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: Tammi Cline
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely,
Tammi Cline
Regulatory Specialist III
Division of Corporations

Letter number: 517A00021917