

# M30653

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

*File 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: Sun Star Health Plan Inc. EIN or SS#: 592663595

Address: 521 E. State Rd 434  
Longwood FL 32750

Amount: \$35.00 Date Paid 10/22/96

Reason for claim: Registered Agent change already made.

Certified true and correct this 13<sup>TH</sup> day of JANUARY, 19 97.

Signature David P. Jim

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

Amend. L. Stitt SUNSTAR HEALTH PLAN, INC. M30653

## 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. 01074 006 dated 10/22/96

Name of Account

45202130001453000000000010000

Statutory Authority for Collection

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

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

January 9, 1997

**DAVID A.N JESSE**  
**SUNSTAR HEALTH PLAN, INC.**  
**521 EAST STATE ROAD 434**  
**LONGWOOD, FL 32750**

**SUBJECT: SUNSTAR HEALTH PLAN, INC.**  
**Ref. Number: M30653**

We have received your document for SUNSTAR HEALTH PLAN, 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 registered agent was changed by an amendment filed on October 24, 1996. The filing of the Statement of Change of Registered Office or Registered Agent is not required.

Please complete the enclosed refund application and return it to this office for processing.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6902.

**Linda Stitt**  
**Corporate Specialist**

**Letter Number: 297A00001230**

M 30653

**SunStar**  
HEALTH PLAN, INC.

October 17, 1996

Via U.S. Mail

Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

10/21

600001982766--0  
-10/22/96-01074--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

**Re: Filing of Statement of Change of Registered Office  
and Registered Agent for SunStar Health Plan, Inc.**

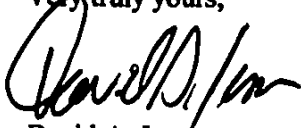
Dear Sir/Madam:

Enclosed please find:

1. A form Statement of Change of Registered Office or Registered Agent or Both for Corporations, executed to reflect said changes for SunStar Health Plan, Inc.
2. A copy of same form to be stamped "filed" and returned to this office in the enclosed self-addressed/stamped envelope for our records.
3. A check made payable to the Florida Department of State in the amount of \$35.00 for filing the change.

Thank you for your prompt, courteous attention to this matter. Should you have any questions or need further clarification, please contact me at (407) 339-4997. Thank you.

Very truly yours,



David A. Jesse

DAJ/sp

Enclosures

*Conrad  
Linder*

00789, 00524, 00133, 00671  
The registered agent was  
change by an amendment  
filed on 10/24/96. The  
change of RA form is  
not required.