



State of Florida
Office of State Treasurer
Tallahassee, Florida

DATE	FOR OFFICIAL USE	NUMBER
04/23/2001		104155

DEBIT MEMORANDUM

700000011758 2

To: DEPARTMENT OF STATE

General Revenue Total	0.00	
Trust Total	1,112.00	800004383458--1
Other Total	0.00	
Total	\$1,112.00	

Distribution

Cross Ref	Samas Code	Reason	Amount
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	15.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	35.00
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	50.00
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	50.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	52.50
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	72.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	87.50
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	150.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00

Grand Total: \$1,112.00

RECEIVED
01 APR 25 PM 3:59
BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

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

Process Date: 04/12/2001

State Treasurer

Bank of America AdvantageSM

CHARA L. MARIANO · 12-99
FRANK A. MARIANO 30
561-394-0854
1189 SOUTHWEST 4TH ST.
BOCA RATON, FL 33486-4511

C 1290

63-4/630 FL
1058

Date 4-22-01

Pay to the order of Dept of STATE

Thirty Five & XX/100

and no cash

for

MS \$ 35-

004

Dollars

Bank of America

ACH R/T 083000047

Memo Dissolve YAC, Inc

MP

⑆063000047⑆ 003441500085⑆ 1290 ⑈0000003500⑈

DATE 06/01/01
PAGE 1 OF 1

13 EX61 0004

APR - 90

DATE 06/01/01
PAGE 1 OF 1

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
04/06/01-01072-006
1009068796 *****35.00
12/27/01 53251



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 3, 2001

Chara L. Mariano
Frank A. Mariano
1189 SW 4th St.
Boca Raton, FL 33486-4511

SUBJECT: YOUR PHARMISTIST CARES, INC.
Ref. Number: P00000011758

Debit Memo #: 14155-C

This is to inform you that your check #1290 dated April 2, 2001 in the amount of \$35.00 and submitted for YOUR PHARMISTIST CARES, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$50.00 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) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 601A00026257



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 8, 2001

Chara L. Mariano
Frank A. Mariano
1189 SW 4th St.
Boca Raton, FL 33486-4511

SUBJECT: YOUR PHARMISTIST CARES, INC.
Ref. Number: P00000011758

Debit Memo #: 14155-C

Due to your failure to respond to our previous letter advising you of the returned check #1290, the Dissolution for YOUR PHARMISTIST CARES, INC. has been cancelled and is considered not filed as of June 8, 2001.

The corporation has now reverted to its previous status of active.

If you have any questions concerning the returned check, please call
(850) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter Number: 901A00035482