

Office of State Treasurer Tallahassee, Florida

To: <u>DEPARTMENT OF</u>

FOR OFFICIAL USE . DATE ^

NUMBER

04/23/2001 1/04155

DEBIT MEMORANDUM

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

Distribution

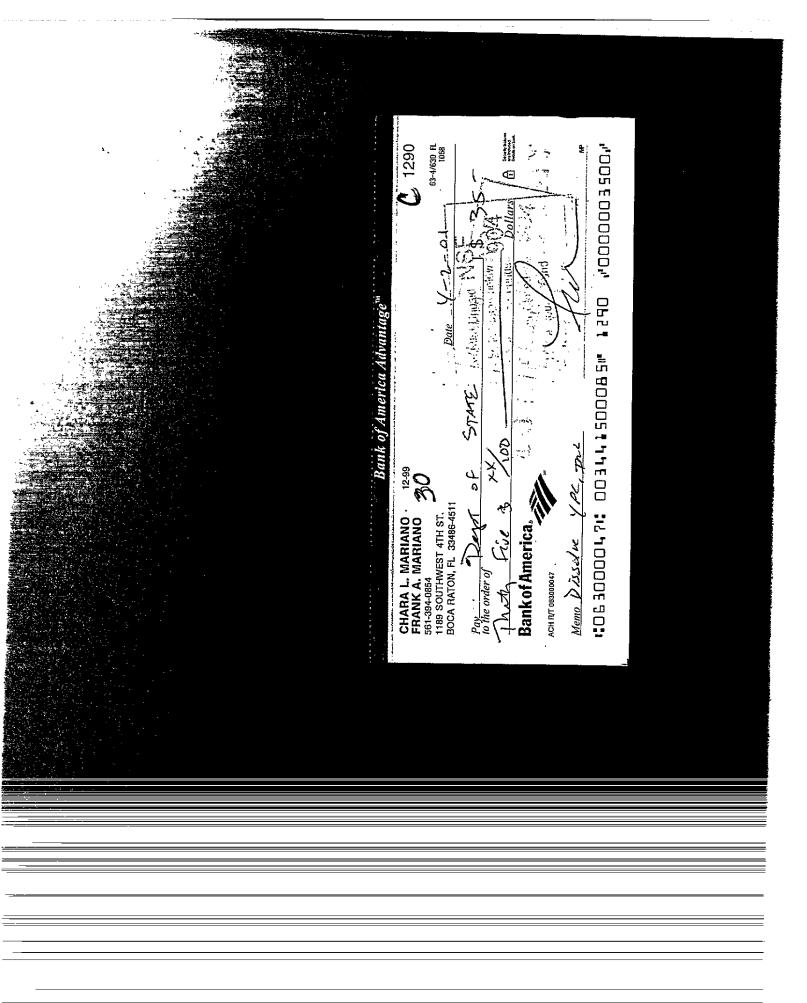
Cross Ref	Samas Code	Reason	Amount
008 008 008 008 008 008 008 008 008 008	$\begin{array}{c} 45\text{-}20\text{-}2\text{-}130001\text{-}45300100\text{-}00\text{-}000100\text{-}00\\ \end{array}$	ACCOUNT CLOSED INSUFFICIENT FUNDS ACCOUNT CLOSED ACCOUNT CLOSED INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS ACCOUNT CLOSED INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	15.00 35.00 50.00 50.00 52.50 72.00 87.50 150.00 150.00 150.00 150.00

Grand Total:

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



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## 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.

Letter Number: 901A00035482

The corporation has now reverted to is 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