

FOR OFFICIAL USE

NUMBER

08/09/2001

200643

DEBIT MEMORANDUM

01000073733

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TO: DEPARTMENT OF STATE

 General Revenue Total
 0.00

 Trust Total
 5,705.00

 Other Total
 0.00

 Total
 \$5,705.00

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200004622842--3

Distribution

Cross Ref	Samas Code	Reason	Amount
204 204 204 204 204 204 204 204 204 204	45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00 45-50-2-130001-45300100-00-000100-00	OTHER INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	26.25 — 78.75 — 78.75 — 300.00 — 550.00 — 1,050.00 — 1,058.75 —

Grand Total:

\$5,705.00

If there are any questions, contact Treasury Receipts Section at (850) 413-2772.

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: 08/01/2001

State Treasurer

1140

EMA MEDICAL SERVICES, INC.

8834 HARDING AVENUE #1 030464471 2331 2340 01 07-30-01 63-1139/660 MIAMI BEACH, FL 33141 030464471 2331 2340 01 07-10-01

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DEPI OF STATE 4500453 FOR DEPOSIT CALY 707466401-01014-022 1009068796 *****78.75

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 16, 2001

EMA Medical Services, Inc. 6834 Harding Ave. #1 Miami Beach, FL 33141

SUBJECT: MAREN INC Ref. Number: P01000073733

Debit Memo #: 20643-C

This is to inform you that your check #1140 dated July 10, 2001 in the amount of \$78.75 and submitted for MAREN INC has been returned to us by your bank because of Refer to Maker.

We request that you remit a cashier's check or money order in amount of \$93.75 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) 245-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 901A00047054



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 4, 2001

EMA Medical Services Inc. 6834 Harding Ave. #1 Miami Beach, FL 33141

SUBJECT: MAREN INC Ref. Number: P01000073733

Debit Memo #: 20643-C

Due to your failure to respond to our previous letter advising you of the returned check #1140, the Articles of Incorporation for MAREN INC have been cancelled and are considered not filed as of October 4, 2001.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 801A00055633