State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE

DATE	NUMBER
09/07/2001	2 01173

DEBIT MEMORANDUM

P01000083522

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	1,028.00
Other Total	0.00
Total	$1,028.00

4530 | 4510 -
$978. | $50.00

Distribution

Cross Ref	*Samas Code*	*Reason*	Amount
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	50.00
204	45-50-2-130001-45300100-00-000100-00	OTHER	50.00
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	61.25
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
204	45-50-2-130001-45300100-00-000100-00	OTHER	78.75
204	45-50-2-130001-45300100-00-000100-00	OTHER	150.50
204	45-50-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	558.75

Grand Total: *$1,028.00*

300004652023--2

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: 08/30/2001

State Treasurer

RECEIVED
01 SEP 11 AM 10: 12
BUREAU OF BUDGET AND PLANNING

CHRISTOPHER HOUSE APTS INC

1002

63-460/660
01

Returned for
NON SUFFICIENT FUNDS
Otherwise marked:
Date 8/21/001

Pay to the Order of Dept of State

STOP Payment

$ 78.75

Account Closed

Uncollected Funds

Seventy eight 75/100 Dollars

Security features are included. Details on back.

Other: Two Signatures Required

Coconut Grove Bank
Main Office
2701 South Bayshore Drive
Coconut Grove, Florida 33133

For Medical Center of Fric

Jose Manuel Delgado MP

⑆066004600⑆ 017654391⑈06 1002 ⑈0000007875⑈

COCONUT CLASSIC® DEDOC

©Clarke American

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0500101157
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0660880109
0660042109
0660042109 08-27-01
0660042109 08-27-01

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15 FEB 00005

BANK OF AMERICA NA JAY
1000000474 E5284 90 PAK
09/24/01

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-09/23701--01039--028
0587936 *****78.75

Endorse Here

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 21, 2001

Medical Center Apartments, Inc.
964 SW 10th Street
Miami, FL 33130

SUBJECT: MEDICAL CENTER APARTMENTS, INC.
Ref. Number: P01000083522

Debit Memo #: 21173-C

This is to inform you that your check #1002 dated August 21, 2001 in the amount of $78.75 and submitted for MEDICAL CENTER APARTMENTS, INC. has been returned to us by your bank because of Two Signatures Required.

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: 701A00052945

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 24, 2001

Medical Center Apartments Inc.
964 SW 10th St.
Miami, FL 33130

SUBJECT: MEDICAL CENTER APARTMENTS, INC.
Ref. Number: P01000083522

Debit Memo #: 21173-C

Due to your failure to respond to our previous letter advising you of the returned check #1002, the Articles of Incorporation for MEDICAL CENTER APARTMENTS, INC. have been cancelled and are considered not filed as of October 24, 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: 801A00058582