

State of Florida
Office of State Treasurer
Tallahassee, Florida

DATE

FOR OFFICIAL USE

NUMBER

09/07/2001

J Ø1173

DEBIT MEMORANDUM

01000083



To: <u>DEPARTMENT OF STATE</u>

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

4530 4510 -\$978, \$5050

Distribution

Cross Ref	Samas Code	Reason	Amount
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	INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS OTHER OTHER INSUFFICIENT FUNDS	50.00 50.00 61.25 78.75 78.75 150.50 558.75

Grand Total:

\$1,028.00

300004652023---2

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

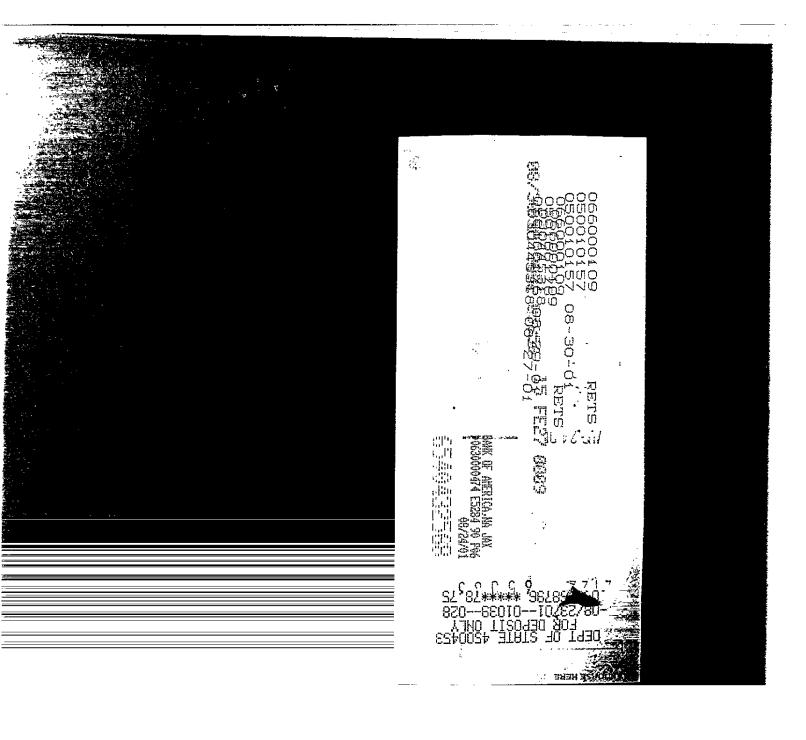
The above named fund(s) has been reduced by the amount of this check(s) under the sauthority of Section 215.34, F.S.

Process Date: 08/30/2001

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State Treasurer





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.

Letter number: 801A00058582

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations