Office of State Treasurer Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

12/05/2001

**DEBIT MEMORANDUM** 

General Revenue Total 0.00 Trust Total 4,425.00 Other Total 0.00 Total

\$4,425.00

Distribution

Cross Ref	Samas Code	Reason	Amount
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 ACCOUNT CLOSED INSUFFICIENT FUNDS	70.00 - 750.00 - 750.00 - 750.00 - 900.00 - 750.

Grand Total:

\$4,425.00

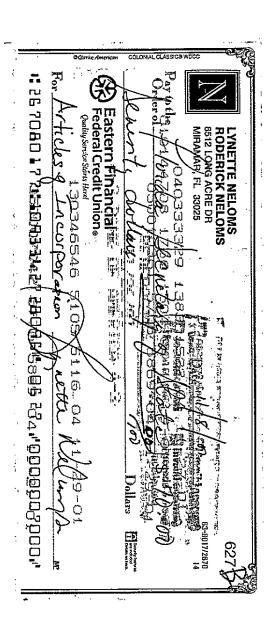
500004789815

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: 11/29/2001

State Treasurer



DEPT OF STATE 4500453 FOR DEPOSIT OHLY -11/15/01-04024-004 1009068796'\*\*\*\*\*70.00

040333329 040333329 11-27-01



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 20, 2001

Lynette Neloms Roderick Neloms 8512 Long Acre Dr. Miramar, FL 33025

SUBJECT: PROFESSIONAL HEALTH CARE RESOURCES, INC. Ref. Number: P01000110346

Debit Memo #: 22556-B

This is to inform you that your check #627 dated November 8, 2001 in the amount of \$70.00 and submitted for PROFESSIONAL HEALTH CARE RESOURCES, 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 \$85.00 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) 245-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 401A00066655

Division of Componetion D. O. Dorr



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 28, 2002

Lynette Neloms Roderick Neloms 8512 Long Acre Dr. Miramar, FL 33025

SUBJECT: PROFESSIONAL HEALTH CARE RESOURCES, INC.

Ref. Number: P01000110346

Debit Memo #: 22556-B

Due to your failure to respond to our previous letter advising you of the attached returned check #627, the Articles of Incorporation for PROFESSIONAL HEALTH CARE RESOURCES, INC. have been cancelled and are considered not filed as of January 28, 2002.

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: 902A00004732

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations