

State of Florida
Office of State Treas
Tallahassee, Florida

FOR OFFICIAL USE DATE

NUMBER

01/08/2002

*2\$*3005

**DEBIT MEMORANDUM** 

21000120588

General Revenue Total	0.00
Trust Total	1,827.50
Other Total	0.00
Total	\$1,827.50

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600005022636--8

Distribution

Cross Ref	Samas Code	Reason	Amount
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	OTHER OTHER OTHER OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	8.75 8.75 25.00 78.75 150.00 165.00 306.25 1,085.00

Grand Total:

S1,827.50

RECEIVED

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FILMING BUDGET AND

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: 12/27/2001

State Treasurer

ACH R/T 063100277 2255 SPRING HARBOR DR. APT. M DELRAY BEACH, FL 33445-6904 MICHAEL B. LEWIS 09-00 (100000007875'i . 53-27/631 FL .- 953 159

2119 72930

DEPT OF STATE 4500453 FOR DEPOSIT ONLY -12/20/01--01020--013 1009068796 \*\*\*\*\*78.75

EC 21 01

VS DATE 12/25/01 DI VS DATE 12/01/01 018 : PA P28 E 101 ( 018

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 25, 2002

Michael B. Lewis 2255 Spring Harbor Dr. Apt. M Delray Beach, FL 33445-6904

SUBJECT: NEW AMERICAN MEDICAL EQUIPMENT, INC.

Ref. Number: P01000120588

Debit Memo #: 23005-D

This is to inform you that your check #159 dated December 18, 2001 in the amount of \$78.75 and submitted for NEW AMERICAN MEDICAL EQUIPMENT, INC. has been returned to us by your bank because of Insufficient Funds.

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: 002A00004429

cc:New American Medical Equipment Inc. 19621 NW 7th Ct. Miami,FL. 33169



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 26, 2002

Michael B. Lewis 2255 Spring Harbor Dr. Apt. M Delray Beach, FL 33445-6904

SUBJECT: NEW AMERICAN MEDICAL EQUIPMENT, INC.

Ref. Number: P01000120588

Debit Memo #: 23005-D

Due to your failure to respond to our previous letter advising you of the attached returned check #159, the Articles of Incorporation for NEW AMERICAN MEDICAL EQUIPMENT, INC. have been cancelled and are considered not filed as of February 26, 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.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 602A00011924

cc:New American Medical Equipment Inc. 19621 NW 7th Ct. Miami, FL. 33169