

P02000079423

600018566446

May 8, 2003

DEBIT MEMO ANNUAL REPORT
DISSOLUTION

ANNUAL REPORT: PALM COAST HEALTH
CARE SERVICES, INC.

DEBIT MEMO: 33433-D

CHECK# 1420



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 9, 2003

PALM COAST HEALTH CARE SERVICES, INC.
15 CYPRESS BRANCH WAY
#207
PALM COAST, FL 32137

SUBJECT: PALM COAST HEALTH CARE SERVICES, INC.

Debit Memo #: 33433-D

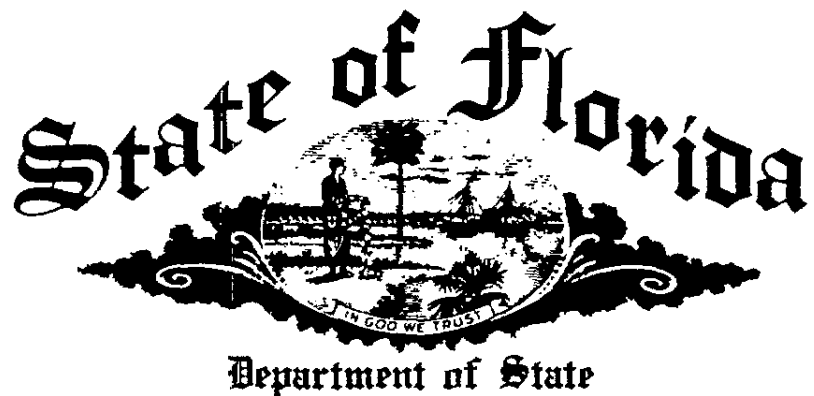
Document #: P02000079423

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve the above corporation, this corporation is now administratively dissolved.

A Certificate of Dissolution is enclosed.

Should you have any questions, please feel free to contact this office at (850) 245-6057.

Sincerely,
Pat Bailey
Accountant II



CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for PALM COAST HEALTH CARE SERVICES, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of May 8, 2003 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P02000079423.



CR2EO22 (2-03)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Ninth day of May, 2003

Glenda E. Hood
Glenda E. Hood
Secretary of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 6, 2003

PALM COAST HEALTH CARE SERVICES, INC.
15 CYPRESS BRANCH WAY #207
PALM COAST, FL 32137

SUBJECT: PALM COAST HEALTH CARE SERVICES, INC.
Ref. Number: P02000079423

Debit Memo #: 33433-D

This is to inform you that check #1420 dated JANUARY 15, 2003 in the amount of \$150.00 submitted with the annual report/uniform business report for PALM COAST HEALTH CARE SERVICES, INC. has been returned by your bank because of REFER TO MAKER.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after May 6, 2003 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Pat Bailey
Accountant II

Letter Number: 803A00014176

cc: PALM COAST HEALTH CARE SERVICES INC
3 CYPRESS BRANCH WAY, STE. 108
PALM COAST, FL. 32164-8409