



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 13, 2004

P03 000000 1990

CARE MANGEMENT CENTER, INC.
7171 CORAL WAY #218
MIAMI, FL 33155

400041100904

SUBJECT: CARE MANAGEMENT CENTER, INC.
Ref. Number: P03000001990

Debit Memo #: 50110-A

This is to inform you that your check #201 dated June 14, 2004 in the amount of \$35.00 and submitted for CARE MANAGEMENT CENTER, 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 \$50.00 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: 804A00050292



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 15, 2004

CARE MANAGEMENT CENTER, INC.
7171 CORAL WAY #218
MIAMI, FL 33155

SUBJECT: CARE MANAGEMENT CENTER, INC.
Ref. Number: P03000001990

Enclosed please find your check #201 in the amount of \$35.00 that was returned by your bank.

We have received your replacement check and your filing is now uninterrupted.

Thank you for your attention in this matter.

Sincerely
Melinda Lilliston
Administrative Assistant II

Debit Memo: 50110-A
Letter Number: 804A00054910