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P03000099622

September 2, 2004

DEBIT MEMO ANNUAL REPORT
DISSOLUTION NOTICE

ANNUAL REPORT: HEALTHY FAMILY
CARE CENTER, INC.

DEBIT MEMO: 45747-K

300040783759

CHECK# 1076



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 15, 2004

HEALTHY FAMILY CARE CENTER, INC.
225 WEST 61ST ST.
HIALEAH, FL 33012

SUBJECT: HEALTHY FAMILY CARE CENTER, INC.

Debit Memo #: 45747-K

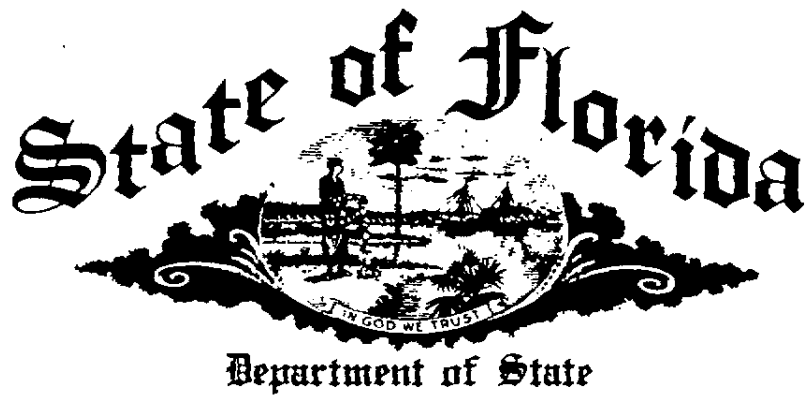
Document #: P03000099622

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,
Patricia 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 HEALTHY FAMILY CARE CENTER, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of September 3, 2004 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P03000099622.



CR2EQ22 (2-03)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fifteenth day of September, 2004

Glenda E. Hood
Glenda E. Hood
Secretary of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 11, 2004

HEALTHY FAMILY CARE CENTER, INC.
225 WEST 61 ST
HIALEAH, FL 33012

SUBJECT: HEALTHY FAMILY CARE CENTER, INC.
Ref. Number: P03000099622

Debit Memo #: 45747-K

This is to inform you that check #1076 dated JANUARY 9, 2004 in the amount of \$150.00 submitted with the annual report/uniform business report for HEALTHY FAMILY CARE CENTER, INC. has been returned by your bank because of ACCOUNT CLOSED.

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 August 11, 2004 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.

Patricia Bailey
Accountant II

Letter Number: 304A00039640

cc:HEALTHY FAMILY CARE CENTER, INC.
717 PONCE DE LEON BLVD., STE. 309
CORAL GABLES, FL. 33134-2050