



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2010

P03 000 128537

REHABILITATIVE ASSOCIATES INC.  
4699 N. FEDERAL HIGHWAY #103C  
POMPANO BEACH, FL 33064

SUBJECT: ALLIED MEDICAL SERVICE, INC.  
Ref. Number: P03000128537

700180558417

Debit Memo #: 04852-G

Due to your failure to respond to our previous letter advising you of the attached returned check #2021, the Reinstatement for ALLIED MEDICAL SERVICE, INC. has been cancelled and is considered not filed as of May 7, 2010.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

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: 310A00011487



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2010

ALLIED MEDICAL SERVICES INC.  
4699 N. FEDERAL HIGHWAY #103C  
POMPANO BEACH, FL 33064

SUBJECT: ALLIED MEDICAL SERVICE, INC.  
Ref. Number: P03000128537

Debit Memo #: 04852-G

Due to your failure to respond to our previous letter advising you of the attached returned check #2021, the Amendment for ALLIED MEDICAL SERVICE, INC. has been cancelled and is considered not filed as of May 7, 2010.

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: 010A00011488



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2010

REHABILITATIVE ASSOCIATES INC.  
4699 N. FEDERAL HIGHWAY #103C  
POMPANO BEACH, FL 33064

SUBJECT: REHABILITATIVE ASSOCIATES INC  
Ref. Number: P03000128537

Debit Memo #: 04852-G

This is to inform you that your check #2021 dated March 8, 2010 in the amount of \$1235.00 and submitted for REHABILITATIVE ASSOCIATES INC has been returned to us by your bank because of UNABLE TO LOCATE ACCOUNT.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in amount of \$1296.75 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: 110A00007536