

P05000118668

October 5, 2006

**DEBIT MEMO ANNUAL REPORT
DISSOLUTION NOTICE**

400080502354

**ANNUAL REPORT: HEALTH PROVIDERS
OF NORTH FLORIDA, INC.**

DEBIT MEMO: 65932-L

CHECK# 506



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2006

HEATH PROVIDERS OF NORTH FLORIDA, INC
1635 S RIDGEWOOD AVE., STE. 201
SOUTH DAYTONA, FL 32119

SUBJECT: HEALTH PROVIDERS OF NORTH FLORIDA, INC.

Debit Memo #: 65932-L

Document #: P05000118668

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



Department of State

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 HEALTH PROVIDERS OF NORTH FLORIDA, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of October 9, 2006 for failure to file the required annual report(s), as required by law.

The document number of this corporation is P05000118668.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Ninth day of October, 2006



CR2EO22 (01-06)

Sue M. Cobb
Sue M. Cobb
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2006

HEALTH PROVIDERS OF NORTH FLORIDA, INC.
1635 S. RIDGEWOOD AVE., STE. 201
SOUTH DAYTONA, FL 32119 US

SUBJECT: HEALTH PROVIDERS OF NORTH FLORIDA, INC.
Ref. Number: P05000118668

Debit Memo #: 65932-L

This is to inform you that check #506 dated APRIL 25, 2006 in the amount of \$150.00 submitted with the annual report/uniform business report for HEALTH PROVIDERS OF NORTH FLORIDA, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

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 September 5, 2006 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: 806A00043572

cc:HEALTH PROVIDERS & LYNN STAFFING
2090 S NOVA RD STE 201L
DAYTONA BEACH, FL 32119