



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2012

FRANK J FALOWSKI
4959 N. STATE ROAD 7, STE. B
FORT LAUDERDALE, FL 33319

SUBJECT: RAINFOREST FAMILY MEDICAL CENTER, INC.
Ref. Number: P08000048781

900235652539

Debit Memo #: 03614-A

Due to your failure to respond to our previous letter advising you of the attached returned check #1046, the Amendment for RAINFOREST FAMILY MEDICAL CENTER, INC. has been cancelled and is considered not filed as of May 29, 2012.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely
Michelle Milligan
Administrative Assistant II
Division of Corporations

Letter Number: 512A00015358

cc:RAINFOREST FAMILY MEDICAL CENTER, INC.
4699 N. STATE RD. 7, STE. B2
TAMARAC, FL 33319



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2012

RAINFOREST FAMILY MEDICAL CENTER, INC. (2ND REQUEST)
ATTN: SHARON COSTANZO
4699 N. STATE RD. 7, STE. B2
TAMARAC, FL 33319

SUBJECT: RAINFOREST FAMILY MEDICAL CENTER, INC.
Ref. Number: P08000048781

Debit Memo #: 03614-A

This is to inform you that your check #1046 dated January 18, 2012 in the amount of \$35.00 and submitted for RAINFOREST FAMILY MEDICAL CENTER, INC. has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the 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: Michelle Milligan
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely,
Michelle Milligan
Administrative Assistant II
Division of Corporations

Letter number: 312A00010382

Amend 2/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2012

FRANK J FALOWSKI
DR. FRANK J FALOWSKI ENTERPRISES
4959 N. STATE RD 7, STE. B
FT. LAUDERDALE, FL 33319

SUBJECT: (CORPORATION NAME UNKNOWN)

Debit Memo #: 03614-A

This is to inform you that your check #1046 dated January 18, 2012 in the amount of \$35.00 and submitted for (CORPORATION NAME UNKNOWN) has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the 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.

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Division of Corporations
Attn: Michelle Milligan
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely,
Michelle Milligan
Administrative Assistant II
Division of Corporations

Letter number: 512A00006417