



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2010

P09000072000

PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC.
102 NE 2ND AVE.
HALLANDALE BEACH, FL 33009

SUBJECT: PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC.
Ref. Number: P09000072000

700187308497

Debit Memo #: 01119-A

Due to your failure to respond to our previous letter advising you of the attached returned check #1128, the Officer/Director or Member/Managing Member Resignation for PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC. has been cancelled and is considered not filed as of October 29, 2010.

Please be advised the individual resigning in the document that was cancelled is now reflected as a current officer and/or director or member/managing member.

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: 310A00025605

cc:PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC.
201 E. HALLANDALE BEACH BLVD. #B
HALLANDALE, FL 33009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2010

PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC.
102 NE 2ND AVE.
HALLANDALE BEACH, FL 33009

SUBJECT: PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC.
Ref. Number: P09000072000

Debit Memo #: 01119-A

This is to inform you that your check #1128 dated August 10, 2010 in the amount of \$35.00 and submitted for PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC. has been returned to us by your bank because of CLOSED 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 \$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: 010A00020671

cc:PRIMARY CARE PRACTITIONERS OF SOUTH FLORIDA, INC.
201 E. HALLANDALE BEACH BLVD. #B

HALLANDALE, FL 33009