

P25929
STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Application for refunds as provided in this section shall be filed with the Comptroller, or his other representative, within 3 years after the right to such refund shall have accrued; otherwise such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: NME Rehabilitation Hospital, Inc. EIN or SS#: 94-3044167

Address: 3820 State Street
Santa Barbara, CA 93105

Amount: \$165.00 Date Paid 4/11/97

Reason for claim: Duplicate Filing - P25929

Certified true and correct this 2nd day of June, 19 97.

Signature Scott M. Brown
Scott M. Brown, Secretary

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 165.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 96651015 dated 05-08-97

Name of Account: 45202130001453000000000010000

Statutory Authority for Collection: (201)

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)