

DEBIT MEMORANDUM

 * FOR OFFICIAL USE
 * DATE 06/02/98 NUMBER 84018
 *
 *

TO : DEPT. OF STATE

STATE OF FLORIDA
 OFFICE OF STATE TREASURER
 TALLAHASSEE FLORIDA

| FUND | AMOUNT | REASON RETURNED | KEY # | | |
|-----------------|----------|--------------------|-------|---|--|
| GENERAL REVENUE | 0.00 | INSUFFICIENT FUNDS | 1 | | |
| TRUST | 2,217.50 | ACCOUNT CLOSED | 2 | 2 | |
| OTHER | | UNCOLLECTED FUNDS | 3 | | |
| TOTAL | 2,217.50 | OTHER | | | |

| CROSS REF | DISTRIBUTION SAMAS CODE | REASON | AMOUNT |
|-----------|--------------------------------------|--------|--------|
| 012 | 45-20-2-130001-45300000-00-000100-00 | 4 | 15.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 1 | 35.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 1 | 122.50 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 1 | 122.50 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 1 | 122.50 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 2 | 150.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 1 | 150.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 4 | 150.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 4 | 150.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 2 | 300.00 |
| 012 | 45-20-2-130001-45300000-00-000100-00 | 4 | 900.00 |

GRAND TOTAL: \$ 2,217.50

84018-K

900002613099-8

Process Date: 06/11/98

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

received

STATE 4500153
FOR DEPOSIT ONLY
6705738-01075-008
6705738-01075-008

DO NOT PRESENT AGAIN AS CASH ITEM
ENTER FOR COLLECTION ONLY

0630000474
A725
08 032372

20000
800-5239498
08 032372 4725
08 032372 06-04
MORRIS JAY
0630000474
06-04 JAY 564

01000 001 0094018037
063000047 06-08 1815
06 425582 00035024
A31 XD1

08 032372 06-04 2512 008 2000 013
RUC-FE 3187 06-04 2512 008 2000 013



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 1, 1998

Trauma & Rehabilitation Associates, Inc.
1640 W. Oakland Park Blvd.
Suite 200
Ft. Lauderdale, FL 33311

SUBJECT: TRAUMA & REHABILITATION ASSOCIATES, INC.
Ref. Number: P93000060231

Debit Memo #: 84018-K

This is to inform you that your check #012502 dated June 8, 1998 in the amount of \$900.00 and submitted for TRAUMA & REHABILITATION ASSOCIATES, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$945.00 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: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 798A00035824



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 13, 1998

Trauma & Rehabilitation Associates, Inc.
1640 W. Oakland Park Blvd.
Suite 200
Ft. Lauderdale, FL 33311

SUBJECT: TRAUMA & REHABILITATION ASSOCIATES, INC.
Ref. Number: P93000060231

Debit Memo #: 84018-K

Due to your failure to respond to our previous letter advising you of the returned check #012502, the Reinstatement for TRAUMA & REHABILITATION ASSOCIATES, INC. has been cancelled and is considered not filed as of August 13, 1998.

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) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 298A00042092