



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
12/10/1999	01885

DEBIT MEMORANDUM

To: DEPT. OF STATE

P94000040908 2

General Revenue Total	0.00	
Trust Total	780.00	600003106096--9
Other Total	0.00	
Total	\$780.00	

Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	35.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	60.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	60.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	OTHER	78.75
012	45-20-2-130001-45300000-00-000100-00	OTHER	80.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	308.75

Grand Total: \$780.00

01885-A

RECEIVED
99 DEC 14 PM 2:34
BUREAU OF
GENERAL INVEST AND
PROPERTY SERVICES

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

Bill Norton

Process Date: 12/02/1999

State Treasurer

63-1050/670

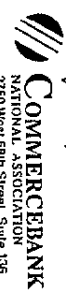
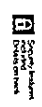
A

Margela Roberto
3401 SW 59th Ave
Miami FL 33155

11-22-99

Trust

RECEIVED
11/22/99
\$335.00
11/22/99



COMMERCEBANK
NATIONAL ASSOCIATION
2750 West 68th Street, Suite 136
Hialeah, Florida 33016

40

Washington, D.C.

Margela Roberto

10670105091 4084005 231105

00000003500

11/22/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 20, 1999

Wachovia Diagnostic Specialty Inc.
2401 SW 59 Ave.
Miami, FL 33175

SUBJECT: WACHOVIA DIAGNOSTIC SPECIALTY, INC.
Ref. Number: P94000040908

Debit Memo #: 01885-A

This is to inform you that your check #Counter Check dated November 22, 1999 in the amount of \$35.00 and submitted for WACHOVIA DIAGNOSTIC SPECIALTY, INC. has been returned to us by your bank because of Account Closed.

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: 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: 799A00059481



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 24, 2000

Wachovia Diagnostic Specialty Inc.
2401 SW 59 Ave.
Miami, FL 33175

SUBJECT: WACHOVIA DIAGNOSTIC SPECIALTY, INC.
Ref. Number: P94000040908

Debit Memo #: 01885-A

Due to your failure to respond to our previous letter advising you of the returned check #Counter Check, the Amendment for WACHOVIA DIAGNOSTIC SPECIALTY, INC. has been cancelled and is considered not filed as of January 24, 2000.

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: 700A00003300