

DEBIT MEMORANDUM

* FOR OFFICIAL USE
* DATE NUMBER

TO : DEPARTMENT OF STATE

P 94 0000 94 260

* STATE OF FLORIDA
* OFFICE OF STATE TREASURER
* TALLAHASSEE FLORIDA
*

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	*
TRUST	2,641.25	ACCOUNT CLOSED	2	*	2 *
OTHER		UNCOLLECTED FUNDS	3	*	*
TOTAL	2,641.25	OTHER	4	*	*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	1	122.50
012	45-20-2-130001-45300000-00-000100-00	1	165.00
012	45-20-2-130001-45300000-00-000100-00	1	558.75
012	45-20-2-130001-45300000-00-000100-00	1	880.00
012	45-20-2-130001-45300000-00-000100-00	3	915.00

GRAND TOTAL: \$ 2,641.25

80879-D

RECEIVED
SEP 18 1997

OFF. OF ADMIN SERVICES
PERSONNEL

Process Date: 08/26/97

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

Bill Nelson

State Treasurer

ELIZABETH CASTILLO
6520 W. 27TH CT., BLDG. 55, APT
HIALEAH, FL 33016

DO

63-9126/1920
9126322

3520

1. *Pay to the order of*

Pay to the order of
Carol P. Pineda

PRESENTED TO THE BANK

11/21/1997

THIRTY FIVE HUNDRED AND NO/100 DOLLARS

GREAT WESTERN BANK 

A Federal Savings Bank
1456 WEST 45TH STREET
HIALEAH, FL 33012
1-800-574-0999

Memo: Maatell Cave Medical

⑆ 267091263⑆ 6328525206⑆

0352 ⑈0000088000⑈

2020011402100000444 021.06 10630000471
DEPOSIT ONLY
06 501199 1655
06 501199 08-18

01000 001 0109340000
063000047
20 05 405173 08-18 JAX FL 06
06 501199 1655 08-18 JAX FL 06
06 501199 08-18

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
06 501199 08-18



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 26, 1997

Elizabeth Castillo
6520 W. 27th Ct.
Bldg. 55, Apt. 13
Hialeah, FL 33016

SUBJECT: HEALTH CARE MEDICAL CENTER INC.
Ref. Number: P94000094260

Debit Memo #: 80879-D

This is to inform you that your check #352 dated August 18, 1997 in the amount of \$880.00 and submitted for HEALTH CARE MEDICAL CENTER 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 \$924.00 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 I
Division of Corporations

Letter number: 797A00047797

cc:Health Care Medical Ctn.Inc.
7821 Coral Way,#111
Miami, Fl. 33155



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 30, 1997

Elizabeth Castillo
6520 W. 27th Court
Building 55, Apt. 13
Hialeah, FL 33016

SUBJECT: HEALTH CARE MEDICAL CENTER INC.
Ref. Number: P94000094260

Debit Memo #: 80879-D

Due to your failure to respond to our previous letter advising you of the returned check #352, the Reinstatement for HEALTH CARE MEDICAL CENTER INC. has been cancelled and is considered not filed as of October 29, 1997.

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 I
Division of Corporations

Letter number: 997A00052723

cc:Health Care Medical Ctn.,Inc.
7821 Coral Way, #111
Miami, Fl. 33155