TALLAHASSEE FLORIDA

* FOR OFFICIAL USE

* DATE

* DATE

* NUMBER

* TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEÝ	#	*		*
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	-	1.	*		*
TRUST	1,050.00	ACCOUNT CLOSED		2	*	2	*
OTHER	~ ~ ~ ~ ~ * * * * * * * * * * * *	UNCOLLECTED FUNDS		3	*		*
TOTAL	1,050.00	OTHER	****	4.	* * ***	****	* ***

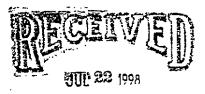
CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	2	150.00
012	45-20-2-130001-45300000-00-000100-00	1	900.00

GRAND TOTAL:

\$ 1,050.00

90263-B

³⁹8 A003 396/200002635763--9



RERSONNEL

Process Date: 07/09/98

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

NINE LOURDES MEDICAL & DIAGNOSTIC CLINIC, INC.
1325 SW. 1ST STREET
MIAMI, FL 33135 P950000 34615 DEPARTMENT HUNDERD 00/1x 115 E 8 C 00 41 767011L_5# 0300510467#06 FIGIENT FUNDS 00 07-02-98 ', QOOO & OOOO', \$ 18° 63-1182/670 183^K

DEPT OF STATE 4500453 FOR DEPOSIT ONLY -36/30/98--01046--010 -----****900.00

26/701/200 020 100000444 BI4_11 00830000474

>063000047<



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 28, 1998

Lourdes Medical & Diagnostic Clinic, Inc. 1325 SW 1st St. Miami, FL 33135

SUBJECT: LOURDES MEDICAL & DIAGNOSTIC CLINIC, INC.

Ref. Number: P95000034615

Debit Memo #: 90263-B

This is to inform you that your check #1835 dated May 22, 1998 in the amount of \$900.00 and submitted for LOURDES MEDICAL & DIAGNOSTIC CLINIC, INC. has been returned to us by your bank because of Insufficient 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: 398A00039617



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 9, 1998

Lourdes Medical & Diagnostic Clinic, Inc. 1325 SW 1st St. Miami, FL 33135

SUBJECT: LOURDES MEDICAL & DIAGNOSTIC CLINIC, INC. Ref. Number: P95000034615

Debit Memo #: 90263-B

Due to your failure to respond to our previous letter advising you of the returned check #1835, the Reinstatement for LOURDES MEDICAL & DIAGNOSTIC CLINIC, INC. has been cancelled and is considered not filed as of September 9, 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.

Letter number: 198A00045917

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations