

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

DEPT. OF STATE

7-17-95

90263

P 95

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34

615

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	*	*
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	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

90263-3

398 Acc 3961

800002635763--9

RECEIVED

JUL 22 1998

BY: DE ADMIN SERVICES
PERSONNEL

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.

State Treasurer

1325 SW. 1ST STREET
MIAMI, FL 33135

INSUFFICIENT FUNDS
REPAID TWICE

1835

63-11821670

DATE 06/22/98

PAY TO THE ORDER OF DEPAIMENT OF STAFFS 1331 307 00 00 \$ 400.900
0502244181 0527 1385 00 07 02-98

DOLLARS

INSUFFICIENT FUNDS



FOR 9950000 34615

1100183511 7670111.51 03005104671106

0000900001

26/02/200 026 1050504544 02411 0033000478

[illegible]



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.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 198A00045917