

P95 000037160

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	<u>U.S. MANAGED CARE SOLUTIONS, INC.</u>		EIN or SS#:	<u>65-0576086</u>
Address:	<u>1007 Gulf Dr. N. #208</u> <u>Bradenton Beach, FL 34217</u>			
Amount:	<u>\$35.00</u>	Date Paid:	<u>7/29/97</u>	
Reason for Claim:	<u>Sent in filing twice for U S MANAGED CARE SOLUTIONS, INC.</u>			
	<u>(Document #P95000037160)</u>			
Certified true and correct this <u>12th</u> day of <u>September</u> , 19 <u>97</u>				
Signature <u>Shirley A. Gorman</u>				

* Must be completed if authority is other than Section 215.26, Florida Statutes.

LEJ AMENDMENT SECTION

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 35.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on

State Treasurer's Receipt No. 01032-006 dated 006

NAME OF ACCOUNT:

45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1997

Harmon-Miller
% U S MANAGED CARE SOLUTIONS, INC.
1007 Gulf Drive North, #208
Bradenton Beach, FL 34217

SUBJECT: U S MANAGED CARE SOLUTIONS, INC.
Ref. Number: P95000037160

We have received your document for U S MANAGED CARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee was sent in twice. Please complete the enclosed refund application and return to this office for processing,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 397A00044533

9.12.97

THANKS FOR YOUR ASSISTANCE IN THIS MATTER.

[Handwritten signature]

Managed Care Solutions of Tampa Bay, Inc
1007 Gulf Dr. N. #208
Bradenton Beach, FL 34217

July 29, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Amendment Section

RE: Amendment in Articles of Incorporation Regarding Change in Name of
Corporation.

400002255944--3

-08/04/97--01032--006

*****35.00 *****35.00

Dear Sir/Madam:

Please find enclosed our request to amend our articles of incorporation to change
the corporation name from **MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.** to
MANAGED CARE SOLUTIONS OF FLORIDA, INC.

In our haste to get this amendment in the mail, we inadvertantly forgot to include this
cover letter and the check for the filing fee of \$35.00. Please note that both are
included in this envelope and accept our humble apology for any confusion that this
oversight may have caused.

We have enclosed a duplicate of the amendment to be stamped and returned for our
records. Thanks in advance for your assistance in this matter.

If there are any questions, please feel free to contact me at 941-778-0734.

Sincerely,



Sheree L. Harman

671
\$789,524,708,767



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1997

Harmon-Miller
% U S MANAGED CARE SOLUTIONS, INC.
1007 Gulf Drive North, #208
Bradenton Beach, FL 34217

SUBJECT: U S MANAGED CARE SOLUTIONS, INC.
Ref. Number: P95000037160

We have received your document for U S MANAGED CARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 397A00044533



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 4, 1997

HARMAN-MILLER
1007 GULF DRIVE NORTH
#208
BRADENTON, FL 34217

SUBJECT: MANAGED CARE SOLUTIONS OF TAMPA BAY, INC.
Ref. Number: P95000037160

We have received your document for MANAGED CARE SOLUTIONS OF TAMPA BAY, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. For each certified copy requested, please add an additional \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 097A00039443