

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

pg. 1

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.

Name: SUPPORTIVE SENIOR SERVICES, INC. EIN or SS#: _____

Address: 13317-B THOMASVILLE CIRCLE
TAMPA, FL 33617

Amount: \$385.00 Date Paid 7/25/97

Reason for claim: OVERPAYMENT OF ANNUAL REPORT FILING FEES.
P150000031308
L. Sellers

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

Signature see attached

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

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 385.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 98012018 dated 7/25/97

Name of Account: _____
4520213000145300000000010000

Statutory Authority for Collection: 607

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

NAME OF ACCOUNT: _____
45202130001453000000022002000

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

Department of State, Division of Corporations
(Agency) _____ (Authorized Signature and Title)

SUPPORTIVE
SENIOR
SERVICES, Inc.

Mark F. Silberstein, M.S.W.

Office (813) 899-1100
Fax (813) 983-2791

PA5000039308

PJ-2

7/30/97

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

Dear Sir/Madam,

I have been advised by your staff to write this letter at least a week after I mailed my check for my company's Annual Report, Corporation Supplemental Fee and the late fee of \$385.00. I received your 1997 Profit Corporation Annual Report Packet at the end of my business day, Friday 7/18/97 in which your packet said that it was my second notice. This is not the case. I never got the first packet and held my accountant, Kathy responsible for not warning me to pay: I though she had received the first warning. Ms. Markovitch called your office Monday Morning 7/21/97 and was told that I should have only sent in \$165.00 to your office. This would have been impossible because I had mailed the full amount that Sunday Night 7/20/97.

The reason for my paying the full amount is that I was in fear of the state closing down my corporation which I have been working very hard at keeping alive. This was mentioned several times in the packet that this could be done. Business has been slow and I have been under allot of pressure from this. I must now ask for an adjustment to the fee I have paid and the late fee waived. I will always pay for my mistakes and in this case had I originally been notified and just waited then I would have deserved to pay the extra fee. I work very hard as a Medical Social Worker advocating for others and now I must be my own advocate. Please note that I paid my fee on time last year because I got your original notice. I would greatly appreciate to have my original check returned and I will reissue the correct amount \$165.00 or for you to return the late fee by itself.

Sincerely,

Mark F. Silberstein M.S.W.

Mark F. Silberstein, M.S.W.

cc: Kathy Markovitch