

P96000027955

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>JAMES RUBIN</u>	EIN or SS#: <u>65-066-3344</u>
Address: <u>5001 FILMORE STREET</u>	
<u>HOLLYWOOD, FLORIDA 33021</u>	
Amount: <u>\$35.00</u>	Date Paid: _____
Reason for Claim: <u>The officer and registered agent was changed on the annual report.</u>	
<u>HEALTH PROFESSIONAL'S GROUP, INC. (DOCUMENT #P96000027955)</u>	
Certified true and correct this <u>5th</u> day of <u>October</u> , 19 <u>97</u>	
Signature <u>[Signature]</u>	

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

LFJ/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. 01110-015 dated 9-15-97

NAME OF ACCOUNT:

45202130001453000000000010000

Statutory Authority for Collection: 607.0122

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 Agency Signature and Title)