

Health Holdings, INC.

Bob Moore

Requestor's Name

2500 E. Hallendale Bch. Blvd.

Address

Hallendale, FL 33009

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000002293170--3

-09/15/97--01110--015

*****70.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

~~*789,795,708,671*~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 22, 1997

Bob Moore
% HEALTH PROFESSIONAL'S GROUP, INC.
2500 E. Hallandale Beach Blvd.
Hallandale, FL 33009

SUBJECT: HEALTH PROFESSIONAL'S GROUP, INC.
Ref. Number: P96000027955

We have received your document for HEALTH PROFESSIONAL'S GROUP, 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):

This document was previously filed on September 18, 1997.

Enclosed is an application for refund.

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: 297A00046900

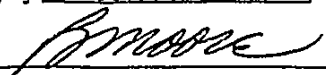
P96000027958

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:	JAMES RUBIN	EIN or SS#:	65-075-4621
Address:	5001 FILMORE STREET HOLLYWOOD, FLORIDA 33021		
Amount:	\$35.00	Date Paid:	
Reason for Claim:	The officer and registered agent was changed on the annual report. HEALTH HOLDINGS, INC. (DOCUMENT #P96000027958)		
Certified true and correct this 5th day of October, 1997.			
Signature 			
* 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. 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: 452021300014530000000022002000

Certified true and correct this day of 19

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)

CR2E060(9/96)

Refund for: Health Holdings, Inc. c/o James Rubin

Health Holdings, Inc.

B. Moore

Requestor's Name

2500 E. Hallandale Bch. Blvd.

Address

Hallandale, FL 33009

City/State/Zip

Phone #

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789, 795, 708, 611



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Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 997A00046896