

P9600038609

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.

Name: Medical Systems, Inc., Attn: Rebecca Smart EIN or SS#: _____

Address: P.O. Box 1267
Hattiesburg, MS 39403

Amount: \$825.00 Date Paid: _____

Reason for Claim: Refund requested.

See attached letter for names of corporations

GSH

Certified true and correct this 8th day of May, 19 97

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 \$ 825.00

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

State Treasurer's Receipt No. 01005--006 dated 03/14/97

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)

MEDICAL SYSTEMS, INC.

503 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39403 • Office 601-544-2903 • Wals 800-210-4674 • Facsimile 601-582-9553

W. A. Payne
President

April 29, 1997

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

RE: Access Team Home Health Care, Inc., ref. P96000038609
Glendale Home Care, Inc., ref. P96000038593
Home Health Team, Inc., ref. P96000038613
Team House Call, Inc., ref. P96000038621
Team Health Home Care, Inc., ref. P96000038623

Dear Sir or Madam:

We previously submitted 1997 annual reports, together with payment of filing fees, for each of the above referenced corporations. By your letters of March 14, 1997, those annual reports were returned to us for lack of information.

Please be advised that Articles of Dissolution have been filed for each of these companies. I have enclosed copies of the dissolution documents for your reference.

Since these companies will be dissolved prior to the May 1 deadline for submitting annual reports, and since you returned the annual reports to us unfiled, would you please refund our payment of annual report filing fees in the amount of \$825.00.

If you have any questions or need any additional information, feel free to call me at the toll-free number indicated on this letterhead.

Sincerely yours,

Rebecca Smart
Rebecca Smart
Director of Compliance

Enc.

"bringing health care home"

Home Health Care of Mississippi

Columbia, Mississippi
Hattiesburg, Mississippi
Laurel, Mississippi
Poplarville, Mississippi

Home Health Care of Louisiana

Baton Rouge, Louisiana
Covington, Louisiana
Franklinton, Louisiana
Houma, Louisiana
Kentwood, Louisiana
Lafayette, Louisiana
Metairie, Louisiana
Shreveport, Louisiana
Thomassville, Louisiana

Home Health Care of CENLA

Alexandria, Louisiana

Home Health Care of Bogalusa

Bogalusa, Louisiana

Home Health Care of North Louisiana

Monroe, Louisiana

Federal Health Care Services, Inc.

Fort Lauderdale, Florida

Home Health Care Corporation of Florida

Fort Lauderdale, Florida

USA Professional Association, Inc.

Hattiesburg, Mississippi

Managed Care, Inc.

Jackson, Mississippi

Federal Managed Care

Fort Lauderdale, Florida

Direct Access

IV Therapy, Inc.

Hattiesburg, Mississippi

96000038609

MEDICAL SYSTEMS, INC.

503 Main Street ♦ Post Office Box 1267 ♦ Hattiesburg, Mississippi 39403 ♦ Office 601-544-2903 ♦ Wats 800-210-4674 ♦ Facsimile 601-582-9553

April 29, 1997

700002163327--9
-05/02/97--01064--022
*****175.00 *****35.00

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

RE: Access Team Home Health Care, Inc.
Glendale Home Care, Inc.
Home Health Team, Inc.
Team House Call, Inc.
Team Health Home Care, Inc.

FILED
97 MAY -2 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dear Sir or Madam:

Please find enclosed Articles of Dissolution for each of the above referenced corporations. Also enclosed is our check in the amount of \$175.00 in payment of your \$35.00 filing fee for each document. Please file the Articles of Dissolution and forward file-stamped copies to me in the enclosed stamped, self-addressed envelope.

If you need any additional information, feel free to call me at the toll-free number indicated on this letterhead.

Sincerely yours,

Rebecca Smart
Rebecca Smart
Director of Compliance

VS MAY 12 1997

Void is

Enc.

/bs

"bringing health care home"

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
97 MAY -2 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FIRST: The name of the corporation is: Access Team Home Health Care, Inc.

SECOND: The articles of incorporation were filed on: 04/29/96

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

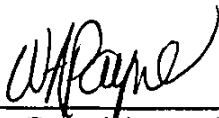
SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 29th day of April, 19 97.

Signature



(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

W. A. Payne

(Typed or printed name)

Incorporator

(Title)