

P96000038623

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 • Wats 800-210-4674 • Facsimile 601-582-9553

W. A. Payne  
President

April 29, 1997

## 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  
Thomson, 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.

St. Louis, Missouri

## Home Health Care Corporation of Florida

St. Louis, Missouri

## USA Professional Association, Inc.

Hattiesburg, Mississippi

## Managed Care, Inc.

Jackson, Mississippi

## Federal Managed Care

St. Louis, Missouri

## Direct Access

IV Therapy, Inc.

Hattiesburg, Mississippi

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"

P96000038623

Requestor's Name

503main Street

Address

Hattiesburg, MS 39403

City/State/Zip

Phone #

500002163335--4

-05/02/97--01064--022

\*\*\*\*175.00 \*\*\*\*\*35.00

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	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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VS MAY 12 1997

FILED  
97 MAY -2 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Team Health Home 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)

FILED  
97 MAY -2 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA