



State of Florida
Office of State Treasurer
Tallahassee, Florida

DATE FOR OFFICIAL USE NUMBER

10/28/1999

01402

DEBIT MEMORANDUM

To: DEPT. OF STATE

General Revenue Total 0.00

Trust Total 4,216.25

Other Total 0.00

Total \$4,216.25

400003072134--0

Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	8.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	35.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	50.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	122.50
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	300.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	550.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	750.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	750.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	750.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	900.00

Grand Total:

\$4,216.25

01402-I

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 10/18/1999

Bill Nelson

State Treasurer

RECEIVED
OCT 29 1999
BUREAU OF
TREASURY AND
FINANCE

ACTIVE FREDERICK KUNEN

1103

25-80/440

ASSISTANT 95564 101 839

Pay to the Order of EL Dept of State \$ 750.⁰⁰

Seven hundred fifty and 00/100 Dollars

MORGAN STANLEY DEAN WITTER

BANK ONE COLUMBIA, PA
COLUMBIA, OHIO 4301

For Health Plus

101400080411484100539284511 1103 100000750000

7349 Date MARCH 1993
REFER TO WITTER
DO NOT RESUBMIT

reference

2112 47819

120495664 0440-5680-3
120495664 10-14-69

13 99

9-10-68

[illegible]

44-10554M
#03000474
JAN 10/13/99
E0278 20 P00

1. The first step is to identify the key components of the system.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 3, 1999

Health Plus Rehabilitation Inc.
7300 W. Oakland Park Blvd.
Suite 12
Lauderhill, FL 33321

SUBJECT: HEALTH PLUS REHABILITATION, INC.
Ref. Number: P96000055216

Debit Memo #: 01402-I

This is to inform you that your check #1103 dated October 13, 1999 in the amount of \$750.00 and submitted for HEALTH PLUS REHABILITATION, INC. has been returned to us by your bank because of Refer to Maker.

We request that you remit a cashier's check or money order in amount of \$787.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 899A00053158



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 16, 1999

Health Plus Rehabilitation Inc.
7300 W. Oakland Park Blvd.
Suite 12
Lauderhill, FL 33321

SUBJECT: HEALTH PLUS REHABILITATION, INC.
Ref. Number: P96000055216

Debit Memo #: 01402-I

Due to your failure to respond to our previous letter advising you of the returned check #1103, the Reinstatement for HEALTH PLUS REHABILITATION, INC. has been cancelled and is considered not filed as of December 16, 1999.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 599A00059216