

P96000061222

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:	Trident Medical Concepts, Inc.	EIN or SS#:	
Address:	1601 Belvedere Rd., Suite 500E		
	West Palm Beach, FL 33406		
Amount:	\$35.00	Date Paid:	
Reason for Claim:	Withdrawal of registered agent filing fee.		
	S. Harris/Amendments		
	TRIDENT MEDICAL CONCEPTS, INC., P96-61222		
Certified true and correct this	_____ day of _____, 19 _____.		
	Signature _____		
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

<b>Do Not Write in This Box - For Agency Use Only</b>	
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.	01046--013 dated 12/05/96
NAME OF ACCOUNT:	4520213000145300000000010000
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)