

DEBIT MEMORANDUM

TO : DEPT. OF STATE

DATE 3-16-98

FOR OFFICIAL USE

NUMBER 8-2910

P96000080422

STATE OF FLORIDA

OFFICE OF STATE TREASURER

TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,620.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,620.75	OTHER	

400002502894-1

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		1	72.00
012	45-20-2-130001-45300000-00-000100-00		1	78.75
012	45-20-2-130001-45300000-00-000100-00		4	285.00
012	45-20-2-130001-45300000-00-000100-00		1	285.00
012	45-20-2-130001-45300000-00-000100-00		1	900.00

GRAND TOTAL: \$ 1,620.75

82910 - E

RECEIVED

MAR 23 1998

ALL REQUEST SERVICES PERSONNEL

Process Date: 03/06/98

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

State Treasurer

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-02/25/98--01096--012
-----****900.00

100-443887-100

01000 XXXXX XXXX BARNETT JAX
800-52394987063000047<
06 238084 1802 03-03 JAN 00 238084
06 238084 03-03 00033000
OCCASIONALLY
03-04 MAY 98 530000047<
800-52394987063000047<
09 277544 53061409 02-26 JAX 98
PAID 09 277544
09C161208 02-27-98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 26, 1998

Solimar Medical Center, Inc.
3817 SW 8th St.
Miami, FL 33134

SUBJECT: SOLIMAR MEDICAL CENTER, INC.
Ref. Number: P96000080422

Debit Memo #: 82910-E

This is to inform you that your check #1080 dated February 2, 1998 in the amount of \$900.00 and submitted for SOLIMAR MEDICAL CENTER, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$945.00 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 I
Division of Corporations

Letter number: 098A00016070

cc: Solimar Medical Center, Inc.
3817 SW 8th St.
Miami, FL 33134



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 28, 1998

Solimar Medical Center, Inc.
3817 SW 8th St.
Miami, FL 33134

SUBJECT: SOLIMAR MEDICAL CENTER, INC.
Ref. Number: P96000080422

Debit Memo #: 82910-E

Due to your failure to respond to our previous letter advising you of the returned check #1080, the Reinstatement for SOLIMAR MEDICAL CENTER, INC. has been cancelled and is considered not filed as of April 28, 1998.

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 I
Division of Corporations

Letter number: 798A00022943