

<i>Cross Ref</i>	<i>Samas Code</i>	<i>Reason</i>	<i>Amount</i>
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	158.75
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	750.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	1,050.00

Grand Total: \$5,446.25

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: 05/04/2001



State Treasurer

0342
63-815/670

13/01
Date
284 02 04-30-01
07 02 04-24-01 \$ 35

PHILIP E GOSS, JR.
5111 S.W. 77TH ST
MIAMI, FL 33143

02028837 0597
F93005087 11117

DEFICIENT FUNDS
DEFICIENT FUNDS



Pay to the Order of

Philip E Goss, Jr.

PRESENTED TWICE

EXECUTIVE NATIONAL BANK
7200 S.W. 57th Avenue
MIAMI, FLORIDA 33143

1203070510066335776
0500005781 04 05-03-01
\$887 04 04-26-01

Mr. Philip E Goss, Jr.

07338066106

0342 00000035001

PRESTIGE

© HAWAII



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 23, 2001

Philip E. Goss Jr.
5111 SW 77th St.
Miami, FL 33143

SUBJECT: PALMETTO COMPREHENSIVE HEALTH CARE, INC.
Ref. Number: P97000033318

Debit Memo #: 14459-B

This is to inform you that your check #0342 dated March 13, 2001 in the amount of \$35.00 and submitted for PALMETTO COMPREHENSIVE HEALTH CARE, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$50.00 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 II
Division of Corporations

Letter number: 501A00031840

cc:Palmetto Comprehensive Health Care, Inc.
5788 SW 8th St.
Miami, Fl. 33144



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 3, 2001

Philip E. Goss Jr.
5111 SW 77th St.
Miami, FL 33143

SUBJECT: PALMETTO COMPREHENSIVE HEALTH CARE, INC.
Ref. Number: P97000033318

Debit Memo #: 14459-B

Due to your failure to respond to our previous letter advising you of the returned check #0342, the Dissolution for PALMETTO COMPREHENSIVE HEALTH CARE, INC. has been cancelled and is considered not filed as of July 3, 2001.

The corporation has now reverted to its previous status of active.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter Number: 601A00039815

cc:Palmetto Comprehensive Health Care, Inc.
5788 SW 8th St.
Miami, FL 33144