



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
11/22/1999	01681

DEBIT MEMORANDUM

P 97000034106 2

To: DEPT. OF STATE

General Revenue Total 0.00
Trust Total 6,276.25
Other Total 0.00

Total \$6,276.25

000003095430--9

Distribution

<i>Cross Ref</i>	<i>Samas Code</i>	<i>Reason</i>	<i>Amount</i>
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	8.75
012	45-20-2-130001-45300000-00-000100-00	OTHER	20.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	25.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	78.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	87.50
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	150.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	200.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	200.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	236.25
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	375.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	550.00
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	550.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	558.75
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	750.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	750.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	750.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	750.00

Grand Total: \$6,276.25

01681-P

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: 11/15/1999

Bill Nelson

State Treasurer

BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES

99 NOV 30 PM 1:27

RECEIVED

997 0000 341 06

FORME MEDICAL WALK IN CLINIC, INC.
27900 U S 19 N
CLEARWATER, FL 33761

DO NOT PRESENT AGAIN
AS A CASH ITEM

1038

63-31-001

HARLAND STYLE XKJ

PAY TO THE ORDER OF Florida Secretary

Five Hundred Fifty Six

Republic Bank
COUNTRYSIDE OFFICE
28050 U.S. 19 NORTH
CLEARWATER, FLORIDA 33761
Providing Service Since 1864

FOR

001038

31185

001851292

00000055875

1903124
ENDORSE OR AS INDICATED
UNCOLLECTED FUNDS
REFER TO MAKER
MULTIPLE SIGNATURES REQUIRED
OTHER

ENDORSE OR AS INDICATED
UNCOLLECTED FUNDS
REFER TO MAKER
MULTIPLE SIGNATURES REQUIRED
OTHER

099910036

099910036

ENDORSE HERE:

X

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-11/02/99--01051--023
1009068796 ****558.75

2003 23946

NOV-3 99

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140097806
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11/02/99 0001 01658000

11-10-99
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NATIONAL BANK N.A. 11/02/99
140097806
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11/02/99 0001 01658000

11/15/99 0001 00361

REGISTRATION NO. 44-498



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 9, 1999

Forme Medical Walk In Clinic, Inc.
27900 US 19 N.
Clearwater, FL 33761

SUBJECT: F.O.R.M.E. MEDICAL CENTER WALK IN CLINIC, INC.
Ref. Number: P97000034106

Debit Memo #: 01681-P

This is to inform you that your check #1038 dated September 30, 1999 in the amount of \$558.75 and submitted for F.O.R.M.E. MEDICAL CENTER WALK IN CLINIC, 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 \$586.69 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: 899A00058077



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 11, 2000

Forme Medical Walk In Clinic, Inc.
27900 US 19 N.
Clearwater, FL 33761

SUBJECT: F.O.R.M.E. MEDICAL CENTER WALK IN CLINIC, INC.
Ref. Number: P97000034106

Debit Memo #: 01681-P

Due to your failure to respond to our previous letter advising you of the returned check #1038, the Reinstatement for F.O.R.M.E. MEDICAL CENTER WALK IN CLINIC, INC. has been cancelled and is considered not filed as of January 11, 2000.

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: 000A00001528

cc:Forme Medical Center WalkIn Clinic
27910 US 19 N.
Clearwater, Fl. 33761