DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE 7-29-98 NUMBER 00416

TO :
DEPT. OF STATE

P98000060406

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,395.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,395.00	OTHER	4

5000026435 15--1

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	1	50.00
012	45-20-2-130001-45300000-00-000100-00	1	61.25
012	45-20-2-130001-45300000-00-000100-00	1	70.00
012	45-20-2-130001-45300000-00-000100-00	2	70.00
012	45-20-2-130001-45300000-00-000100-00	1	78.75
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	150.00
012	45-20-2-130001-45300000-00-000100-00	1	165.00

GRAND TOTAL: $ 1,395.00

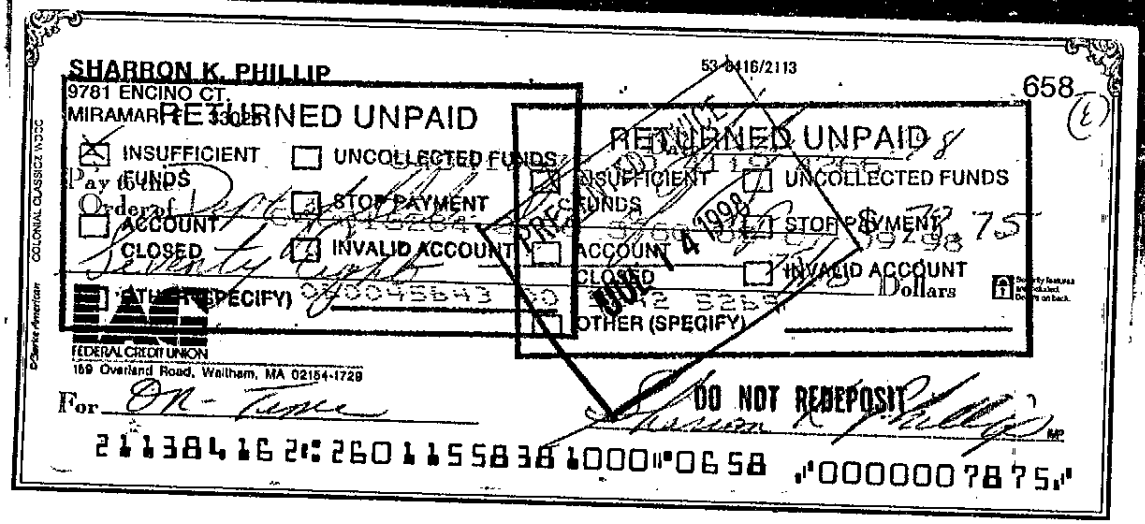
90416-E

RECEIVED
AUG 3 1998
GEN. SERVICES ADMIN
PERSONNEL

Process Date: 07/17/98

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



SHARRON K. PHILLIP
9781 ENCINO CT.
MIRAMAR, FL 33025

53-6416/2113

658

RETURNED UNPAID

☒ INSUFFICIENT FUNDS ☐ UNCOLLECTED FUNDS
☐ STOP PAYMENT
☐ ACCOUNT CLOSED
☒ INVALID ACCOUNT
☐ OTHER (SPECIFY)

Pay to the Order of

Seventy Eight

$ 78.75

Dollars

FEDERAL CREDIT UNION
169 Overland Road, Waltham, MA 02154-1728

For

DO NOT REDEPOSIT

⑈211384162⑈ 260115583⑆000⑈0658 ⑆000007875⑈

DEPT OF STATE 4300453
FOR DEPOSIT ONLY
07/06/98--01075--013
*****78.75

>063000047<
11687
06 386704

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 10, 1998

Sharron K. Phillip
9781 Encino Ct.
Miramar, FL 33025

SUBJECT: ON-TIME MEDICAL BILLING SERVICE, INC.
Ref. Number: P98000060406

Debit Memo #: 90416-E

This is to inform you that your check #658 dated July 6, 1998 in the amount of $78.75 and submitted for ON-TIME MEDICAL BILLING SERVICE, 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 $93.75 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: 898A00041491

cc:On-Time Medical Billing Service,Inc.
3600 S. State Rd. 7, #234
Miramar, Fl. 33023

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 18, 1998

Sharron K. Phillip
9781 Encino Ct.
Miramar, FL 33025

SUBJECT: ON-TIME MEDICAL BILLING SERVICE, INC.
Ref. Number: P98000060406

Debit Memo #: 90416-E

Due to your failure to respond to our previous letter advising you of the returned check #658, the Articles of Incorporation for ON-TIME MEDICAL BILLING SERVICE, INC. have been cancelled and are considered not filed as of September 18, 1998.

The name of your corporation is now available for use.

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: 998A00047356

cc:On Time Medical Billing Service,Inc.
3600 S. State Rd. 7, #234
Miramar, Fl. 33023