



State of Florida  
Office of State Treasurer  
Tallahassee, Florida

DATE FOR OFFICIAL USE NUMBER  
03/19/2001 1 03716

# DEBIT MEMORANDUM

To: DEPARTMENT OF STATE

General Revenue Total 0.00  
Trust Total 5,243.75 700004213157--6  
Other Total 0.00  
Total \$5,243.75

## Distribution

Cross Ref	Samas Code	Reason	Amount
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	10.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	43.75
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	50.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	122.50
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	UNCOLLECTED FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	155.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	175.00
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	250.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	750.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	900.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	1,200.00
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	1,208.75

Grand Total: \$5,243.75

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: 03/09/2001

State Treasurer

RECEIVED

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RECEIVED







FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 6, 2001

Doctors Preferred Center, Inc.  
7171 Coral Way Suite 210  
Miami, FL 33155-1694

SUBJECT: DOCTOR'S PREFERRED CENTER, INC.  
Ref. Number: P98000099397

Debit Memo #: 13716-L

This is to inform you that your check #1005 dated February 15, 2001 in the amount of \$900.00 and submitted for DOCTOR'S PREFERRED 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 II  
Division of Corporations

Letter number: 601A00020570



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 11, 2001

Doctors Preferred Center, Inc.  
7171 Coral Way  
Suite 210  
Miami, FL 33155-1694

SUBJECT: DOCTOR'S PREFERRED CENTER, INC.  
Ref. Number: P98000099397

Debit Memo #: 13716-L

Due to your failure to respond to our previous letter advising you of the returned check #1005, the Reinstatement for DOCTOR'S PREFERRED CENTER, INC. has been cancelled and is considered not filed as of May 11, 2001.

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: 001A00028625