

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :
DEPT. OF STATE

5-28-99

93738

P 99000040995

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	7,580.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	7,580.75	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00		4	10.00
012	45-20-2-130001-45300000-00-000100-00		1	50.00
012	45-20-2-130001-45300000-00-000100-00		4	61.25
012	45-20-2-130001-45300000-00-000100-00		2	61.25
012	45-20-2-130001-45300000-00-000100-00		2	61.25
012	45-20-2-130001-45300000-00-000100-00		2	61.25
012	45-20-2-130001-45300000-00-000100-00		1	87.50
012	45-20-2-130001-45300000-00-000100-00		2	122.50
012	45-20-2-130001-45300000-00-000100-00		1	122.50
012	45-20-2-130001-45300000-00-000100-00		1	132.00
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		4	150.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00
012	45-20-2-130001-45300000-00-000100-00		4	150.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00
012	45-20-2-130001-45300000-00-000100-00		4	150.00
012	45-20-2-130001-45300000-00-000100-00		1	150.00
012	45-20-2-130001-45300000-00-000100-00		4	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		4	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		4	150.00

CONTINUED

93738 - H

DEBIT MEMORANDUM

TO :
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FOR OFFICIAL USE

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NUMBER

STATE OF FLORIDA

OFFICE OF STATE TREASURER

TALLAHASSEE FLORIDA

CROSS
REF

DISTRIBUTION

SAMAS CODE

REASON

AMOUNT

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	3	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	3	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	150.00
012	45-20-2-130001-45300000-00-000100-00	4	150.00
012	45-20-2-130001-45300000-00-000100-00	2	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	2	158.75
012	45-20-2-130001-45300000-00-000100-00	1	158.75
012	45-20-2-130001-45300000-00-000100-00	1	158.75
012	45-20-2-130001-45300000-00-000100-00	2	158.75
012	45-20-2-130001-45300000-00-000100-00	1	158.75
012	45-20-2-130001-45300000-00-000100-00	2	158.75
012	45-20-2-130001-45300000-00-000100-00	1	908.75

GRAND TOTAL:

... \$ 7,580.75

Process Date: 05/14/99

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S. 0

Bill Nelson

Maria Staman

Ph. 954-747-8745

4101 N. St. Louis Rd.

San Jose, CA 95128

63-1162
670
90005800

1162

DATE 4/29/99

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FLORIDA DEPARTMENT OF REVENUE

ORDER OF 020200197 138 ENDORSED BY OFFICIALS 122.50

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 16, 1999

Maria Herman
4101 N. Hiatus Rd.
Sunrise, FL 33351

SUBJECT: GLOBAL HEALTHCARE CONSULTING INC.
Ref. Number: P99000040995

Debit Memo #: 93738-H

This is to inform you that your check #1162 dated April 29, 1999 in the amount of \$122.50 and submitted for GLOBAL HEALTHCARE CONSULTING 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 \$137.50 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: 099A00032405



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 19, 1999

Maria Herman
4101 N. Hiatus Rd.
Sunrise, FL 33351

SUBJECT: GLOBAL HEALTHCARE CONSULTING INC.
Ref. Number: P99000040995

Debit Memo #: 93738-H

Due to your failure to respond to our previous letter advising you of the returned check #1162, the Articles of Incorporation for GLOBAL HEALTHCARE CONSULTING INC. have been cancelled and are considered not filed as of July 19, 1999.

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: 999A00036936