

State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE

NUMBER

11/29/2000

02173

DEBIT MEMORANDUM

99 0000 871942

To: <u>DEPARTMENT OF STATE</u>

General Revenue Total Trust Total

0.00

700003568117---

Other Total

3,032.50

Total

\$3,032.50

Distribution

Cross Ref	Samas Code	Reason	Amount
008 008 008 008 008 008 008 008	45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS ACCOUNT CLOSED ACCOUNT CLOSED INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	60.00 78.75 90.00 150.00 150.00 245.00 750.00 758.75

Grand Total:

\$3,032.50

ANNING PRINCED AND OF THE PRINCE AND OF THE PRIN

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: 11/16/2000

State Treasurer

Nations Bank Nations Bank, N.A. #*OO1550#* #*O63100577# URBAN MEDICAL PROVIDERS INC.
777 N.E. 79TH STREET
NO. 102
MAMI, FL 33138 003437991899W Account & No Accoun 02-00 0 ,¹00000 7 5000₁¹ 08.056 \$ XOOLLARS B. 1220 63-27/631 FL 994

DEPT OF STATE 45004S3 FOR DEPOSIT ONLY -11/09/00--01009--021 1009068796 ****750.00 2 1 1 3 2 1 2 3 1717 THE LOOK FOR MICRO PHINT SIGNATURE WE ON FRONT AND THE MANDE SAME LEGGO IN A CIGHT LIFEY FOR ON BACK OF DOCUMENT, SHOT PRESENT, DO NOT SIGNATURE OF POSTING



December 11, 2000

Urban Medical Providers Inc. 777 NE 79th St. No. 102 Miami, FL 33138

SUBJECT: URBAN MEDICAL PROVIDERS, INC.

Ref. Number: P99000087197

Debit Memo #: 12173-G

This is to inform you that your check #1220 dated October 2, 2000 in the amount of \$750.00 and submitted for URBAN MEDICAL PROVIDERS, INC. has been returned to us by your bank because of .

We request that you remit a cashier's check or money order in amount of \$787.50 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: 100A00062453



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 23, 2001

Urban Medical Providers Inc. 777 NE 79th St. No. 102 Miami, FL 33138

SUBJECT: URBAN MEDICAL PROVIDERS, INC.

Ref. Number: P99000087197

Debit Memo #: 12173-G

Due to your failure to respond to our previous letter advising you of the returned check #1220, the Reinstatement for URBAN MEDICAL PROVIDERS, INC. has been cancelled and is considered not filed as of January 23, 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: 901A00003742