



State of Florida
Office of State Treasurer
Tallahassee, Florida

FOR OFFICIAL USE	
DATE	NUMBER
12/10/1999	01885

DEBIT MEMORANDUM

P 99000102174

To: DEPT. OF STATE

General Revenue Total	0.00	
Trust Total	780.00	200003106092--2
Other Total	0.00	
Total	\$780.00	

Distribution

Cross Ref	Samas Code	Reason	Amount
012	45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED	35.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	60.00
012	45-20-2-130001-45300000-00-000100-00	OTHER	60.00
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	OTHER	78.75
012	45-20-2-130001-45300000-00-000100-00	OTHER	80.00
012	45-20-2-130001-45300000-00-000100-00	INSUFFICIENT FUNDS	308.75

Grand Total: \$780.00

01885-D

RECEIVED
 99 DEC 14 PM 2:34
 BUREAU OF
 FINANCIAL REPORTS AND
 ACCOUNTING

RECEIVED

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

Bill Nelson

Process Date: 12/02/1999

State Treasurer

SECURITY ENHANCED DOCUMENT. See back for details.

DAVID P RYAN, ATTORNEY AT LAW
OPERATING ACCOUNT

2655 LEJUNE ROAD, SUITE 804
CORAL GABLES, FL 33134

1374

PAY TO THE ORDER OF

Department of State

DATE

11/17/99

63-1139/60
09

Seventy Eight and 10/100ths \$ *78.75*



OCEAN BANK
2655 LEJUNE ROAD
CORAL GABLES, FLORIDA 33134

NON PENSIONABLE FUNDS

FOR *Returned Diagnostics, Inc*

⑆001374⑆ ⑆06601139 R⑆509080014935⑆05857 03 ⑆000000098 P 5⑆



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 20, 1999

David P. Ryan Attorney at Law
2655 LeJeune Rd.
Suite 804
Coral Gables, FL 33134

SUBJECT: TRAVMED DIAGNOSTICS, INC.
Ref. Number: P99000102174

Debit Memo #: 01885-D

This is to inform you that your check #1374 dated November 17, 1999 in the amount of \$78.75 and submitted for TRAVMED DIAGNOSTICS, 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: 599A00059482

cc: Travmed Diagnostics Inc.
17994 SW 97 Ave.
Miami, Fl. 33157



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 21, 2000

David P. Ryan, Esq.
2655 LeJeune Rd.
Suite 804
Coral Gables, FL 33134

SUBJECT: TRAVMED DIAGNOSTICS, INC.
Ref. Number: P99000102174

Debit Memo #: 01885-D

Due to your failure to respond to our previous letter advising you of the returned check #1374, the Articles of Incorporation for TRAVMED DIAGNOSTICS, INC. have been cancelled and are considered not filed as of January 21, 2000.

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: 200A00003001

cc:Travmed Diagnostis, Inc.
17994 SW 97 Ave.
Miami, Fl. 33157