



State of Florida
Office of State Treasurer
Tallahassee, Florida

DATE	FOR OFFICIAL USE	NUMBER
08/25/2000		10754

DEBIT MEMORANDUM

To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	1,137.00
Other Total	0.00
Total	\$1,137.00

900003427969--6

Distribution

Cross Ref	Samas Code	Reason	Amount
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	35.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	50.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	50.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	60.00
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	72.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	75.00
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	87.50
008	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	550.00

Grand Total: **\$1,137.00**

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: 08/10/2000

State Treasurer

RECEIVED

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CASA AMOR COMMUNITY HEALTH CARE CENTER
ADC, INC.
4148 WEST 12 AVE.
HALEAH, FL 33012

CANCELLED
63-84 DO NOT RE-DEPOSIT

63-8416215
670

B 1158

PAY TO THE ORDER OF

Dept of State
Thirti Five
A UNION PLANTERS BANK

South Hialeah Office
3700 W. 12th Avenue, Hialeah, FL 33012
Toll Free (877) 848-2285

FOR *Copier*

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 14, 2000

Casa Amor Community Health Care Center Adc. Inc.
4148 W. 12th Ave.
Hialeah, FL 33012

SUBJECT: CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC.
Ref. Number: P99000107487

Debit Memo #: 10754-B

This is to inform you that your check #1158 dated July 20, 2000 in the amount of \$35.00 and submitted for CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. 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 \$50.00 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: 600A00048701



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 18, 2000

Casa Amor Community Health Care Center ADC.Inc.
4148 W. 12th Ave.
Hialeah, FL 33012

SUBJECT: CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC.
Ref. Number: P99000107487

Debit Memo #: 10754-B

Due to your failure to respond to our previous letter advising you of the returned check #1158, the Amendment for CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC. has been cancelled and is considered not filed as of October 18, 2000.

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: 600A00054640