

S85761

ARTICLES OF MERGER
Merger Sheet

MERGING:

CHECKNET CORPORATION, a Florida corporation, V25115

CHECKNET OF SOUTH FLORIDA, INC., a Florida corporation, S85761

INTO

CHECKNET MERGER CORP., a Florida corporation, P96000095814

File date: April 2, 1997

Corporate Specialist: Steven Harris

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Bethamy Living Center LP EIN or SS#: _____

Address: 10065 Red Run Blvd,
Awings Mills MD 21117

Amount: \$541.25 Date Paid 2/25/97

Reason for claim: Overpayment of filing fees on 1997 corporate annual report
form for INTEGRACARE, INC. (587245).

---Brenda L. Tadlock, Registration Section

Certified true and correct this 25 day of MARCH, 19 97.

Signature Muel Tuleh

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 541.25

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01008 001 dated 03/12/97

Name of Account _____
4520213000145300000000010000

Statutory Authority for Collection 607-0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)