

P0900000 4350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

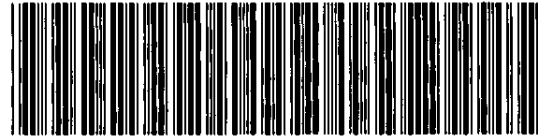
(Business Entity Name)

(Document Number)

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E. DENNARD  
7/26/10

850 245 6897

4th REQUEST FOR change

Jacqueline Domenech

**From:** corphelp  
**Sent:** Monday, July 12, 2010 10:26 AM  
**To:** Jacqueline Domenech  
**Subject:** RE: Change Address of Doc# F09000004350  
**Attachments:** image001.jpg

Thank you for your e-mail.

The change of address request has been forwarded to the appropriate section for processing.

Thanks,

Tom

Address Change Request

**From:** Jacqueline Domenech [mailto:jdomenech@mdlivcare.com]  
**Sent:** Friday, July 09, 2010 11:57 AM  
**To:** corphelp  
**Subject:** Change Address of Doc# F09000004350

Good afternoon,

Please change both our principal and mailing address that is currently listed as...

MDLIVECARE HEALTH SERVICES, INC.  
Document Number F09000004350  
FEI/EIN Number 264322924  
Date Filed 11/04/2009  
State DE  
Status ACTIVE  
Principal Address / Mailing Address  
700 BANYAN TRAIL SUITE 200  
BOCA RATON FL 33431

➔ To the address listed below, 13650 NW 8th Street, Suite #103 Sunrise, FL 33325.

If you have any questions, please do not hesitate to contact me.

Regards,

Jacqueline Domenech

MDLIVECARE

13650 NW 8th Street, Suite #103

Sunrise, FL 33325

Phone (786) 419-4661

Fax (561) 892-0686

[Jackie@mdlivcare.com](mailto:Jackie@mdlivcare.com)

Any questions  
Please contact

MDLIVECARE HEALTH SERVICES, INC. CONFIDENTIALITY NOTICE:

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