

K99182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

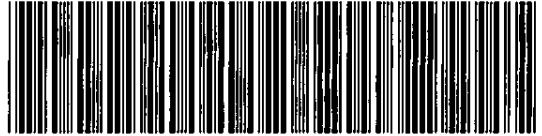
(Business Entity Name)

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Lilliston, Melinda

K99182

From: David Levens [info@drlevens.com]
Sent: Friday, December 04, 2009 12:03 PM
To: CorpAddressChange
Subject: Address Change

Please change the suite number for the business address for

~~David J. Levens, MD PA~~

1725 University Drive

Suite 300

Coral Springs, FL 33071

FEIN: 65-0135085

The street address remains the same. The only change is from Suite 440 to Suite 300.
Thank you.

Linda Keyes, Business Manager

David J. Levens, M.D.

Board Certified Plastic Surgeon

954-752-1020

AK