

LD1000012576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

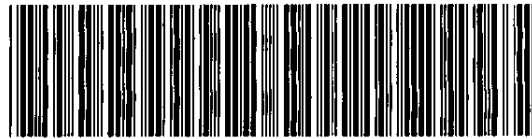
(Business Entity Name)

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Malave, Erin

From: Graham, Charlene [cgraham@laviecare.com]
Sent: Wednesday, November 03, 2010 3:03 PM
To: CorpAddressChange
Subject: Change of Address.

Dear Sir or Madam:

On behalf of North Okaloosa Health Care Associates, LLC DBA Shoal Creek Rehabilitation Center, please accept this correspondence as notice of a change of address as follows:

From: 500 South Hospital Drive
Crestview, FL 32539-7355

To: 500 Hospital Drive
Crestview, FL 32539-7355

The entity document number is L01000012576, and the fictitious name document number is G04127700010.

Should there be any questions or concerns, please feel free to contact me directly at (770)730-1166 or via email at cgraham@laviecare.com.

Sincerely,

Charlene Graham
Sr. Regulatory Support Specialist
La Vie Administrative Services
Atlanta, GA
Ph: (770) 730-1166 - Fx: (404) 521-4278
www.lavieadm.com

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