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(Requestor's Name)

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(City/State/Zip/Phone #)

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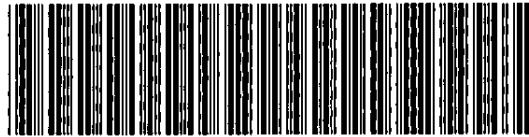
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Rivera, Maribel

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**From:** Sherri Chapman [SChapman@maximizedliving.com]  
**Sent:** Tuesday, May 17, 2011 3:49 PM  
**To:** CorpAddressChange  
**Cc:** Elaine Romero  
**Subject:** Maximized Living Health Center, LLC  
**Attachments:** image001.jpg; image002.jpg

We would like to change our MLHC corporate mailing address. Tax ID 20-2163286.

From: 2515 Northbrooke Plaza Dr. Suite 102  
Naples, FL 34119

To: 1420 Celebration Blvd. Suite 200  
Celebration, FL 34747

If you have any questions at all, feel free to call or email me.

Have a blessed day!

**Sherri Chapman**  
MLHC Training Center Coordinator

Office 239-592-5281  
Cell 239-601-1931  
Fax 239-592-5229

2590 Northbrooke Plaza Dr. # 104  
Naples, FL 34119

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