

L07000114863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

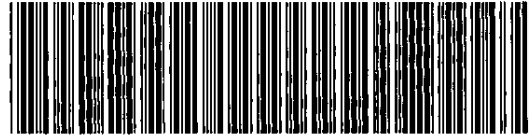
(Business Entity Name)

(Document Number)

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Malave, Erin

From: Maureen Patterson [maureensez@gmail.com]

Sent: Wednesday, August 11, 2010 7:09 PM

To: CorpAddressChange

Subject: Address change

To whom it may concern:

I am requesting an address change for Providers Who Care Home Health Agency, LLC Doc #: L07000114863. The new address is 3200 N Federal Hwy, Suite 206-22, Boca Raton, FL 33431.

Thank You,

Maureen Patterson