L0800018205				
(Requestor's Name) (Address) (Address)	300182804273			
(City/State/Zip/Phone #)	AC E. DENNARD 7/2/10			
(Business Entity Name) (Document Number)				
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Malave,	Erin		į .
		***************************************	r Ar her Miller Market and an and an anna ann ann ann ann ann
From: Sent:	Timothy [martinemia@aol.com] Thursday, July 01, 2010 4:50 PM		
To:	CorpAddressChange		•
	Address Change for Miller Healthca Services	are Network LLC and Miller's	Companion and Homemaker
To whom it	: may concern,		:
	s Martine J. Miller and I am the Man naker Services.	ager of Miller Healthcare Ne	etwork LLC and of Miller's Companion
l have mov	ed from 99 NW 183 Street – Suite 2	35 – Miami Gardens, FL 3316	59
MY NEW A	DDRESS IS: 6073 N.W. 167 Street Suite C-7 Minmi FL 22015	(For Both Businesses)	
	Miami, FL 33015		
	Companion and Homemaker Servic	ces	:
Docui	Healthcare Network LLC: ment Number L08000018205 IN Number 262003477		
Please feel	free to call me at (786) 663-9790.		, ,
Thank you.			1 . 1
Sincerely,			,
Martine J.	Miller		
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