

LO80000021935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

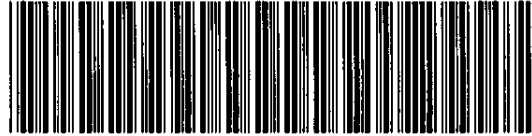
(Business Entity Name)

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Malave, Erin

L0800000921935

**From:** Chael Soler [csoler@bmcapitalequipment.com]

**Sent:** Friday, September 03, 2010 12:05 PM

**To:** CorpAddressChange

**Subject:** Bayside Medical Capital Equipment LLC

Please proceed to change our principal address to:

1820 North Corporate Lakes Blvd  
Suite 203  
Weston, FL 33326

Thank you

Chael Soler

Director

Bayside Medical Capital Equipment, LLC (SDVOSB)

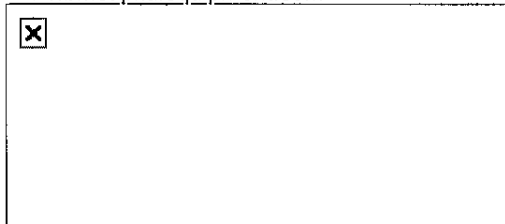
**FSS Contract No. V797P-4273B**

Tlf: (954) 617-2377

Fax: (954) 617-2379

Cell: (954) 993-5869

[www.bmcapitalequipment.com](http://www.bmcapitalequipment.com)



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