

L1000 0043857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

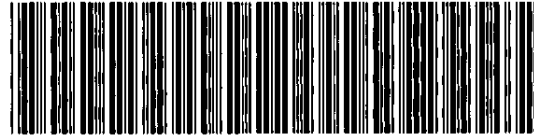
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400185003104

AC
E. DENNARD
9/7/10

Malave, Erin

From: BENTLEES@comcast.net

Sent: Tuesday, September 07, 2010 4:12 PM

To: CorpAddressChange

Subject: Change of address for V.I.P. Medical Services, LLC (L0000043857) Filed 0800 4/23/2010

To Whom It May Concern:

I am requesting a change of street and mailing address for V.I.P. Medical services, LLC (L0000043857).

The address is:

V.I.P. Medical Services, LLC
1855 Veterans Park Drive, Suite #102
Naples, FL, US 34109

Thank you,

Brian D. Lee, M.D.