L10000069634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Malave, Erin

From: Josefa Vega [jvvega84@gmail.com]
Sent: Friday, July 23, 2010 3:45 PM
To: CorpAddressChange
Subject: New Office address - L10000069634

Attn: Florida Department of State

I would like to request an office address change on a Florida Limited Liability Company.

Document Number: L10000069634

Company Name: EMI CLINIC LLC

Company Old Office Address: 8150 SW 8 Street, Suite 207. Miami, FL 33144.

Company New Office Address: **1840 W 49th Street, Suite 307. Hialeah, FL 33012.**

regards,

Josefa Vega.