

L11 000004474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

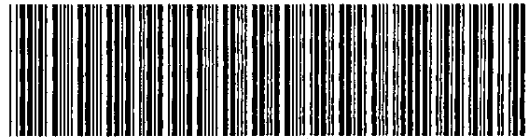
(Business Entity Name)

(Document Number)

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04-12-2011

Address Change

MR-VBL

**Rivera, Maribel**

L 11060004474

**From:** Christy Gonzalez [southfloridaobgyn@gmail.com]  
**Sent:** Tuesday, April 12, 2011 2:22 PM  
**To:** CorpAddressChange  
**Subject:** Address change for Nu Image Medical Spa, LLC

Hi.

I am a representative for Nu Image Medical Spa and require an address change for the business. We have moved locations and the new address is effective April 1, 2011.

Our previous address was:  
2387 West 68 Street  
Suite 303  
Hialeah Florida 33016

**Our new address is:**  
**Nu Image Medical Spa, LLC**  
**Tax ID# 27-4521931**  
**15600 Northwest 67 Avenue**  
**Suite 105**  
**Miami Lakes, Florida 33014**

Please let me know if there is any documentation required to make the necessary changes.

Thanks.

Christy M. Gonzalez, MBA  
*Practice Manager*  
**South Florida Obstetrics & Gynecology**  
**Nu Image Medical Spa, LLC**  
15600 Northwest 67 Avenue  
Suite 105  
Miami Lakes, Florida 33014  
Telephone: (305) 556-8353  
Fax: (305) 827-2415  
Cellular: (305) 205-7121