

L11000073415

(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



000213105450

C. LEWIS
NOV 9 2011
EXAMINER

NEW HOPE MEDICAL GROUP LLC
AROLD AUGUSTIN MD SOLE MBR
4301 W SUNRISE BLVD
PLANTATION FL 33313

Taxpayer Identification Number: 38-3855742

L11000073415

Changing tax payer ID