

PO1000056665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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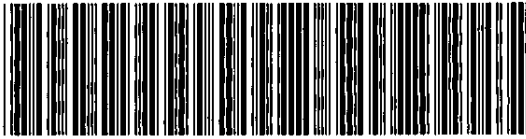
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Malave, Erin

From: ORLANDO PIFERRER [piferr_o@bellsouth.net]

Sent: Tuesday, November 02, 2010 5:12 PM

To: CorpAddressChange

Subject: MAXIMAL TRUST HEALTH CARE, INC. ADDRESS CHANGE

DOCUMENT P010000056665 MAXIMAL TRUST HEALTH CARE, INC

PLEASE, CHANGE OUR PRINCIPAL AND MAILING ADDRESS AS FOLLOWS:

11890 SW 8th Street Suite 206
miami, Fl 33184

Sincerely,

Nivaldo L. Sosa- President