

PO20000 24003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

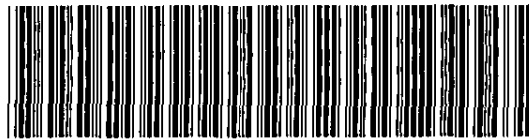
(Business Entity Name)

(Document Number)

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**Rivera, Maribel**

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**From:** Tina Duskin [ttduskin@gmail.com]  
**Sent:** Friday, December 17, 2010 8:23 AM  
**To:** CorpAddressChange  
**Subject:** place of business address change

I need to submit a change of address for my business location. **The mailing address will remain the same.**

The new place of business address is:

LifeSkill Therapy Inc  
1500 Weston Road, Suite 207  
Weston, FL 33326

Document # P02000024003

Thank you!

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Christina Duskin, OTR/L  
LifeSkill Therapy Inc.  
1500 Weston Road, Suite 207  
Weston, FL 33326  
office 954-659-0031  
cell 954-214-8283  
fax 954-206-1811

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