

P030000021830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

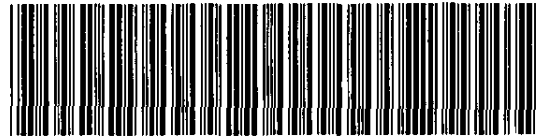
(Business Entity Name)

(Document Number)

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**Rivera, Maribel**

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**From:** jhj [hj@bellsouth.net]  
**Sent:** Wednesday, January 12, 2011 11:41 AM  
**To:** CorpAddressChange  
**Subject:** address UPDATE

Please update the City on our address for Family Care Medical Center II, Inc.

18518 NW. 67<sup>TH</sup> AVE. STE. A  
MIAMI GARDENS, FL 33015  
305-512-1767

Thank You,  
Management  
01/12/2011