

P03000661902

(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



900184004259

AC
E. DENNARD

7/30/10

Malave, Erin

From: quantum medical [quantum.medical@adelphia.net]
Sent: Thursday, July 29, 2010 12:44 PM
To: CorpAddressChange
Subject: Change mailing address

To whom it may concern,

P03000061902

Quantum Medical Supply, Inc.

EIN: 582672225

Phone #: 561-432-8200

Fax: 561-432-8205

Please change my business mailing address to the following address.

1499 FOREST HILL BLVD

SUITE 114

LAKE CLARKE SHORES FL 33406 US

Sincerely,

Marc Vetrano