

PD3000065135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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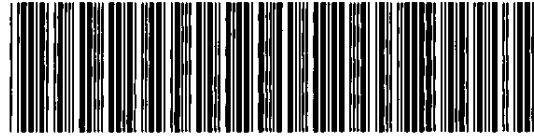
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Malave, Erin

PO30000065135

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**From:** Steven Haas [shdmdjd@yahoo.com]

**Sent:** Tuesday, August 17, 2010 1:11 PM

**To:** CorpAddressChange

**Subject:** Change of Corporate Information

Please change the following:

Principal Address: 11260 Heron Bay Boulevard, #1624  
Coral Springs, Florida 33076

Mailing Address: 11260 Heron Bay Boulevard, #1624  
Coral Springs, Florida 33076

E mail Address: shdmdjd@yahoo.com

Thanks!

*Steven E. Haas, DMD, JD*