

PO3000146537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

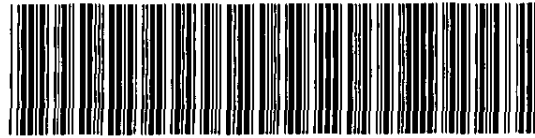
(Business Entity Name)

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**Malave, Erin**

**From:** Mhoosien@aol.com  
**Sent:** Saturday, December 04, 2010 5:25 PM  
**To:** CorpAddressChange  
**Cc:** ehoosien@gmail.com  
**Subject:** Change of Address:

**Dear Sir/Madam,**

**My office suite number has changed from suite 232 to suite 211.**

**Pricipal Address now should read:**

**13005 SOUTHERN BLVD  
SUITE 211, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE FL 33470.**

**MAILING ADDRESS HAS CHANGED TO THE SAME ADDRESS AS THE PRINCIPAL ADDRESS  
ABOVE.**

**THANKING YOU,**

**EBRAHIM HOOSIEN, MD, PA**

**OLD DETAILS ARE REFLECTED BELOW.**

Florida Profit Corporation  
EBRAHIM HOOSIEN, M.D., P.A.

**Filing Information**

Document Number P03000146537  
FEI/EIN Number 320092662  
Date Filed 12/03/2003  
State FL  
Status ACTIVE

**Principal Address**

**13005 SOUTHERN BLVD  
SUITE 232, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE FL 33470**

Mailing Address

13005 SOUTHERN BLVD  
SUITE 232, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE FL 33470