

PO4000011434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

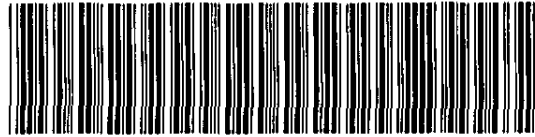
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800188454488

12/08/2010  
M. RIVERA

AE

**Malave, Erin**

PO40000011434

**From:** Coastal Care Nursing [coastalcare@mac.com]  
**Sent:** Wednesday, December 08, 2010 2:31 PM  
**To:** CorpAddressChange  
**Subject:** COASTAL CARE NURSING ASSOCIATES, INC

Hello,

We have changed our principal address to the following:

Address: 871 Venetia Bay Blvd, Suite 230  
Venice, Florida 34285

Coastal Care Nursing Associate, Inc.  
FEI/EIN Number 421609443

Victoria Pettograsso  
Executive Administrator  
Coastal Care Nursing  
[www.coastalcarestaffing.com](http://www.coastalcarestaffing.com)  
(941) 365-5079 || ext. 202

