

P04000021688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

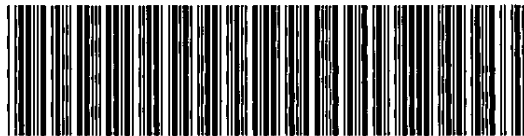
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181148699

AC 5/21/10
E. DENNARD

Malave, Erin

From: West Palm Beach Neurology [wpbneurology@yahoo.com]
Sent: Friday, May 21, 2010 1:12 PM
To: Malave, Erin
Subject: Address change

PO4000021688

TO: Division of Corporations

Please process an address change request **effective June 1, 2010** for West Palm Beach Neurology, P.A.

Tax ID: 41-212-4483

Old Address: 4949 S. Congress Ave, Suite A, Lake Worth, FL 33461

New Address: 1035 S. State Road 7, Suite 214, Wellington, FL 33414

New Phone: 561-422-1006, FAX#561-422-1078

Contact Person: Sue Halim.

President/Owner: Jamal Abdel-Halim, M.D.

Please do not hesitate to email me with any questions.

Sincerely,
J. Halim, M.D.