

PO4000041124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

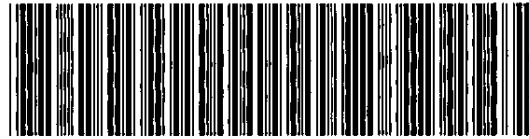
(Business Entity Name)

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Malave, Erin

From: Quality Home Health [qhomehealth@yahoo.com]

Sent: Thursday, September 16, 2010 3:05 PM

To: CorpAddressChange

Subject: Change of Address P04000041124

Attention: Division of Corporation

Address Change Department

Corporation Name: Quality Home Health Agency, Inc

Document Number: P04000041124

New Physical / Principal Address:

7590 North West 186 Street

Suite 207A

Miami, Florida 33015

Please make the appropriate changes to updates our records with your company.

Sincerely,

Gricel Valdes
Administrator

Oneyda C Miranda \
President