

PC4000041124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

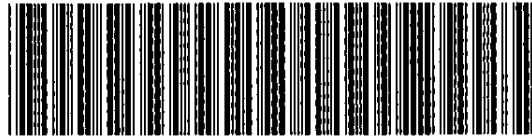
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200187423692

10/25/10
E. DENNARD
AC



Malave, Erin

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

Sent: Tuesday, October 19, 2010 11:04 AM

To: CorpAddressChange

Subject: Change of Address

Attention: Division of Corporation
Address Change Department

Corporation Name: Quality Home Health Agency, Inc

Document Number: P04000041124

New Physical / Principal Address:

8060 North West 155 Street

Suite 202

Miami Lakes, Florida 33016

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

Sincerely,

Gricel Valdes
Administrator

Oneyda C Miranda \
President