

P04000115860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

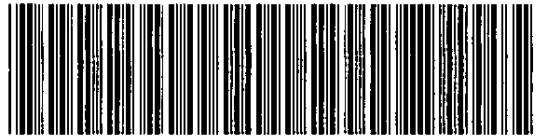
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400159465084

8/25/09
CW

P04000115 860

Murphy, Erin L.

From: Sarah Presson [Sarah@floridamedicaideligibility.com]
Sent: Monday, August 24, 2009 12:07 PM
To: CorpAddressChange
Attachments: 848436941 (3).pdf

I need to change the Principal and Mailing address for Medicaid Eligibility, Inc. or Inactivate in order to Register with the county.

To: Medicaid Eligibility, Inc.
7777 Glades Road
Suite 100
Boca Raton, FL 33434

If you have any questions please call me at 540-588-4028 or email me at Sarah@FloridaMedicaidEligibility.com
Sarah Presson
Medicaid Eligibility, Inc.
Marketing Representative
561-504-4221