

P05000063550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

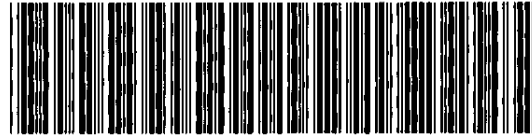
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900184999719

AC  
E. DENNARD  
9/7/10

**Malave, Erin**

---

**From:** Melissa Cunill [richet@bellsouth.net]

**Sent:** Friday, September 03, 2010 9:37 PM

**To:** CorpAddressChange

**Subject:** address change

Document#: **P05000063550**

Palmetto Lakes Therapy & Rehabilitation Center, Inc.

We have an address change for our business listed above. The new address is:

5803 NW 151 Street  
Suite 107  
Miami Lakes, FL 33014

Phone: 305-929-8450  
Fax: 305-827-4422

Thank you.