

PO6000024723

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(Address)

(Address)

(City/State/Zip/Phone #)

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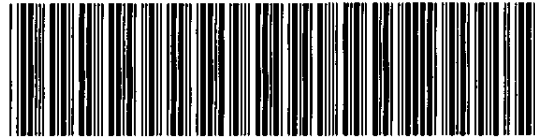
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Malave, Erin

From: Monica Calderon [monica91503@yahoo.com]

Sent: Thursday, April 29, 2010 2:37 PM

To: CorpAddressChange

Subject: CHANGE OF ADDRESS

MY NAME IS DR. SCHECTMAN OWNER OF OSLER MEDICAL CENTER CORP. I NEED TO CHANGE MY ADDRESS OUR DOCUMENT NUMBER IS P06000024723 AND FEI# 204343128. OUR NEW ADDRESS IS 20901 WEST OAKLAND PARK BLVD. SUITE B-20 OAKLAND PARK, FL 33311.