P06000049195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Malave, Erin

From: Shabnam Alibhai [shabnam@johalimedical.com]
Sent: Thursday, July 29, 2010 3:48 PM
To: CorpAddressChange
Subject: physical and address change

Dear Sir/madam

Name of Corporation:

JOHALI MEDICAL, INC.

Document Number **P06000049195**

We would like the Johali Medical Inc to reflect(ASAP) the change of mailing and physical address as follows:

Johali Medical Inc

4647-4651 NW 103 AVE,
Sunrise, Florida 33351

Shabnam

Ms Shabnam Alibhai B.Pharm.MRPharmS
President-JohAli Medical, Inc. CDR # 10144

4668 North Hiatus Rd, Sunrise, Fl 33351
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