

PO6000065569

(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



400181903024

AP 6/15/10
E. DENNARD

Malave, Erin

From: info@basicaccountingservice.com
Sent: Friday, June 11, 2010 11:20 AM
To: CorpAddressChange
Subject: PLAYA AZUL HOME HEALTH CARE, INC

PLAYA AZUL HOME HEALTH CARE, INC DOCUMENT NUMBER: P06000065569 DATE FILED:
05/09/2006 OLD ADDRESS: 8150 SW 8TH ST STE 222 MIAMI, FL
33144 NEW PRINCIPAL AND MAILING ADDRESS: 945 SW 87 AVE
MIAMI, FL 33174