

PO6000103948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

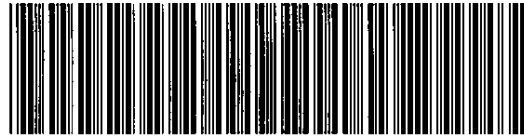
(Business Entity Name)

(Document Number)

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Malave, Erin

From: Alberto J. Ibarra [aibarra@ajicpa.com]
Sent: Thursday, August 05, 2010 9:40 AM
To: CorpAddressChange
Cc: rpcontrol@gmail.com
Subject: AMG MEDICAL DISTRIBUTOR, INC -P06000103948

Dear Sirs (Madams):
Please change the address of the above- mentioned corporation to:

AMG Medical Distributor, Inc
10396 STATE ROAD 84
SUITE 114
DAVIE, FL 33324

Cordially,
Alberto Ibarra

ALBERTO IBARRA P.A.
8405 NW 53 Street
Suite C-101
Miami, Fl
33166
(305) 477-9336 Office
(786) 513-3986 Fax

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