

PO6000117644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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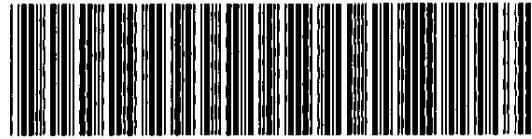
(Business Entity Name)

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**Malave, Erin**

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**From:** Mark Mcbrinn [mark@stingraysurgical.com]  
**Sent:** Monday, November 01, 2010 5:15 PM  
**To:** CorpAddressChange  
**Subject:** principal address change

We are emailing in request of a change our principal and mailing address for our business.  
Document file number for this corporation is **P06000117644**

**Stingray Surgical Products Inc**  
**New Address: 156 NW 16th Street**  
**Boca Raton, FL 33432**

Please email the confirmation of change to [diana@stingraysurgical.com](mailto:diana@stingraysurgical.com)

**Thank you**  
**Diana McBrinn**  
561-210-7582 phone  
561-210-5608 fax  
[diana@stingraysurgical.com](mailto:diana@stingraysurgical.com)

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