

P07000031481

(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: Charo Martinez [cmartinez@vitalehealthlaw.com]
Sent: Monday, May 24, 2010 4:47 PM
To: CorpAddressChange
Subject: ADDRESS CHANGE REQUEST
Importance: High

The following is a request for an address change to the following:

IMMUNE CARE OF NORTH MIAMI, INC
DOCUMENT NUMBER: P07000031481

NEW PRINCIPAL ADDRESS: 100 N.W. 170 STREET, SUITE 306
NORTH MIAMI BEACH, FLORIDA 33169

NEW MAILING ADDRESS: 100 N.W. 170 STREET, SUITE 306
NORTH MIAMI BEACH, FLORIDA 33169

Thank you in advance for your attention to this matter.

Charo Martinez

The Health Law Offices of
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