

P67006060060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

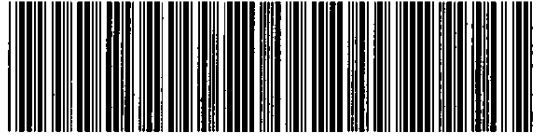
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Murphy, Erin L.

From: support@floridaincorporator.com
Sent: Saturday, July 25, 2009 12:50 AM
To: CorpAddressChange
Cc: support@floridaincorporator.com
Subject: HEALING MENTAL CARE INC - P07000060060 - Request for change of business address

To Florida Department of State - Division of Corporations - corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name:	HEALING MENTAL CARE INC
Document Number:	P07000060060

This request for change of address was submitted to us by:

Representative Name:	SEBNA LEON
Phone Number:	305 364-2811

The new corporate address(es) is/are:

Principal Address

6065 NW 167 ST - B12B
MIAMI FL 33015 US

Mailing Address

6065 NW 167 ST - B12B
MIAMI FL 33015 US

If you have any questions or concerns, feel free to contact our Support Team at support@floridaincorporator.com.

Best regards,

Support Team
Florida Incorporator™
Phone: 1-888-800-9573
Fax: 1-800-824-4954
Email: support@FloridaIncorporator.com
<http://www.FloridaIncorporator.com>

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7/27/2009