

PO7000086684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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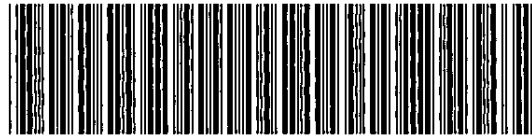
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Roberts SEP 1 2 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A New Day Treatment Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000086684

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Slinsky
(Name of Contact Person)

A New Day Treatment Services, Inc.
(Firm/Company)

1840 Holman Drive
(Address)

North Palm Beach, Florida 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Slinsky at (561) 427-9525
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

