

PO70000688176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

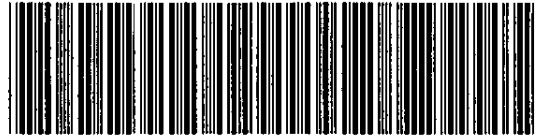
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300163989243

Ac  
1/5/00  
80

**Malave, Erin M.**

P07000088176

---

**From:** medonediagnostics@aol.com  
**Sent:** Tuesday, January 05, 2010 3:29 PM  
**To:** CorpAddressChange  
**Subject:** change of physical & mailing address

Effective immediately, please change our mailing and physical address to:

351 NW LeJeune Road  
Suite 102  
Miami, Florida 33126

FEI # 27-1079046  
Incorporated October 2, 2009

Thank you for your assistance in this matter.

Sincerely,

Aida Garcia  
President  
Med-One Diagnostics, Inc  
4791 West 4th Avenue  
Hialeah, Florida 33012  
(305)362-9220 Ofc  
(305)362-9604 Fax