

PO7000128982

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

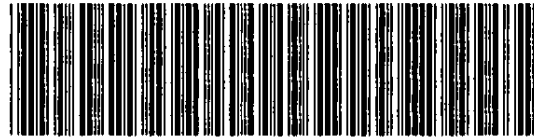
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800183599788

Ar  
E. DENNARD  
7/27/10

Malave, Erin

G09008113944  
P01000128982

**From:** info@apogeehc.com  
**Sent:** Friday, July 23, 2010 1:31 PM  
**To:** CorpAddressChange  
**Cc:** Maria Galang  
**Subject:** ADDRESS CHANGE

To whom it may concern,

This email serves as a notification that APOGEE HEALTH CARE, INC. d/b/a APOGEE HOME HEALTH has a new address. Please make the necessary changes and send future correspondences to this address:

**APOGEE HEALTH CARE d/b/a APOGEE HOME HEALTH  
5300 W. ATLANTIC AVE.  
SUITE 501  
DELRAY BEACH, FL 33484-8100**

Should you have any questions, please call **NILO GALANG** at **561-716-6102**.

Sincerely,

Nilo Galang  
CFO  
**Apogee Health Care Inc.**  
5300 W. Atlantic Ave., Suite 501  
Delray Beach FL 33484-8100  
Phone: (561) 278-3272  
Fax: (888) 446-0193  
**www.apogeehc.com**

=====

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact [apogeehomehealth@aol.com](mailto:apogeehomehealth@aol.com) by reply e-mail and destroy copies of the original message. Thank You.