

P08000 00 3945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

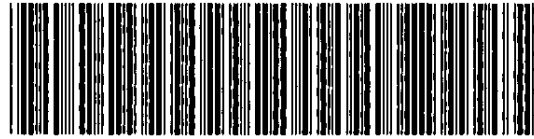
(Business Entity Name)

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Malave, Erin

From: norlanatorres@aol.com
Sent: Thursday, July 01, 2010 8:00 PM
To: CorpAddressChange
Subject: CHANGES

FILE #: P08000003945 (TRUE WELLNESS, PA)

I WOULD LIKE TO FILE A CHANGE IN THE PHYSICAL AND MAILING ADDRESS.

NEW PHYSICAL ADDRESS: 1140 W 50TH ST. #407, HIALEAH, FL 33012

MAILING ADDRESS: PO BOX 126550, HIALEAH, FL 33012

FILE #: [REDACTED] (TRUE WELLNESS AND REHAB OF HIALEAH)

I WOULD LIKE TO FILE A CHANGE IN THE PHYSICAL AND MAILING ADDRESS. ALSO MAKE A CORRECTION IN THE FEI/EIN #.

NEW PHYSICAL ADDRESS: 1140 W 50TH ST. #407, HIALEAH, FL 33012

MAILING ADDRESS: PO BOX 126550, HIALEAH, FL 33012

FEI/EIN # 261775079

PLEASE NOTE THAT THE ADDRESS HAS CHANGED FOR THE OWNER INFORMATION (TRUE WELLNESS, PA).

THANKS