

P 08 0000 48761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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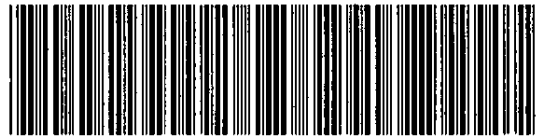
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**Lilliston, Melinda**

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**From:** ARMANDO ACOSTA [aahealthservices@gmail.com]  
**Sent:** Friday, July 10, 2009 4:12 PM  
**To:** CorpAddressChange  
**Subject:** Change Address

AAR HEALTH SERVICES, CORP.

New Address:

15238 SW 29 Terrace  
Miami Fl, 33185

Document # P08000048761

Thanks,

Armando Acosta  
President.