

PO8000102719

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

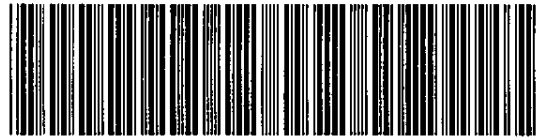
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12/21/09

**Malave, Erin M.**

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**From:** Chiropractic Massage [chiropractic79@yahoo.com]

**Sent:** Monday, December 21, 2009 3:45 PM

**To:** CorpAddressChange; CorpAddressChange

**Subject:** Change of Address

To Whom It May Concern,

This is a request to have our address changed in your system the new facility and mailing address is  
750 South Military Trail Suite D & E  
West Palm Beach, FL 33415

Document Number P08000102719 —

FEI/EIN Number 263730098

If you have nay questions you may contact our office at 561-687-2677

Sincerely,

Rachelle Desrosiers  
Office Manager