

P09000025024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

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MAIL

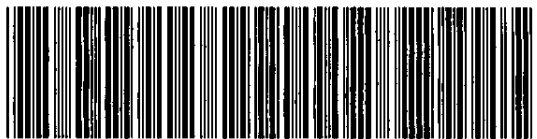
(Business Entity Name)

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12-4-09

ANA M. GARCIA
6800 SW 57 TERRACE
MIAMI, FL 33143
(786) 374-8000 ♦ FAX (305) 463-6653

FACSIMILE TRANSMITTAL SHEET

TO: Florida Department of State
Division of Corporations

FROM: Ana M. Garcia

Attention: Amendment Section

COMPANY:

DATE: 11-25-09

PHONE NUMBER:

PHONE NUMBER:

FAX NUMBER: 850-245-6897

FAX NUMBER: 305-463-6653

RE: UPDATE MAILING ADDRESS

TOTAL NO. OF PAGES INCLUDING COVER:

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☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

To Whom It May Concern:

Please update the Mailing Address for West Kendall Pain Rehab Medical Center
Document Number P09000025024 to:

6800 SW 57 Terrace
Miami, FL 33143

Also note the address for both V.P. Lazaro F. Garcia and Ana Garcia is at:

6800 SW 57 Terrace
Miami, FL 33143

I may reached at 786-374-8000.

Thank you

Signature

Date

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12/4/09
MPC