P09000645081

(Requestor's Name)
(Address)
(Address)
, ,,,,,
(City/Chan-IZin/Dhana-40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
0
Special Instructions to Filing Officer:

Office Use Only



900162135159



P09 0000 45081

Beyer, Karon

Vision Imaging Open MRI [vision.openmri@gmail.com] From:

Sent: Wednesday, December 09, 2009 12:28 PM

To: CorpAddressChange

Subject: Address Change

Please change the PRINCIPAL OFFICE ADDRESS of VISION IMAGING OPEN MRI, Inc to:

15030 Featherstone Way Davie, FL 33331

Thank you, Dr Peter Reiter

