

PO9000045081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

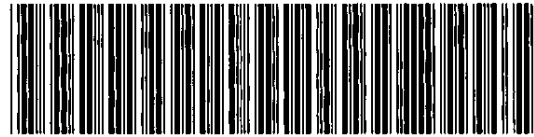
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700185574247

9/14/10
E. DENNARD
AC

Malave, Erin

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

Sent: Friday, September 10, 2010 11:40 AM

To: CorpAddressChange

Subject: CHANGE OF ADDRESS - DOC# P09000045081

CHANGE OF ADDRESS - DOC# P09000045081

ONCE AGAIN,

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

4661 Johnson Road
Suite #4
Coconut Creek, FL 33073

I apologize for the incovinience.

Thank you,
Dr Peter Reiter