

P09000057130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

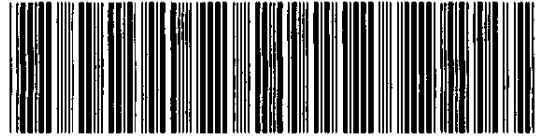
(Business Entity Name)

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**Malave, Erin M.**

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**From:** NBello@aol.com  
**Sent:** Monday, February 01, 2010 3:37 PM  
**To:** CorpAddressChange  
**Subject:** address change

To whom it may concern:

I would like to change the address and also remove the period after the word Inc.

Vision Mental Health Care Inc  
9869 Pines Blvd  
Pembroke Pines, Fl. 33024

Document # P09000057130

If you should have any questions, please feel free to contact me at 954-394-9981.

Thank you,  
Nilly O. Bello