

P 09 0000 57 869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

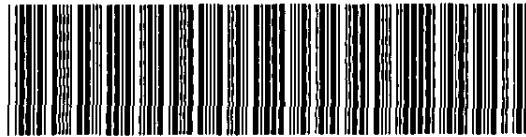
(Business Entity Name)

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03-03-2011

Address Change
MR - VIOL


Rivera, Maribel

P 09000057869

From: Dr. Frank Ferrin [ferrinmd@gmail.com]
Sent: Thursday, March 03, 2011 8:00 PM
To: CorpAddressChange
Subject: change of address

For your records, we are requesting change of address for the indicated Florida corporation

ELITE M.D. P.A.

P-09000057869

EIN 30-0571216

3143 Ponce de Leon Blvd.

Coral Gables, Fl. 33134

305-640-5602

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