

POA 102472

(Requestor's Name)

(Address)

(Address)

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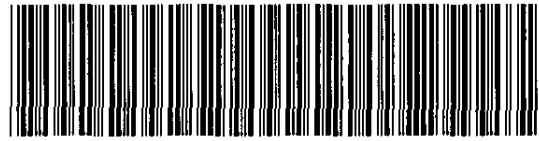
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**Rivera, Maribel**

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**From:** Leonor [leonor@mitchellhowardcpa.com]  
**Sent:** Thursday, June 30, 2011 11:59 AM  
**To:** CorpAddressChange  
**Subject:** Change of Address

COMPLETE MEDICAL CARE ASSOCIATES, INC  
Doc # P09000102472

Change of principal and mailing address.

7400 N. KENDALL DR  
SUITE 518  
MIAMI, FL 33156

Thank you,

**Leonor**

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