

P10000001361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

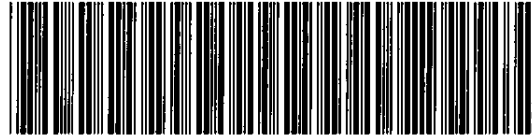
(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** Alain Rossello [dcs1miami@yahoo.com]  
**Sent:** Thursday, April 29, 2010 9:27 AM  
**To:** CorpAddressChange  
**Subject:** Address Change - P10000001361- Golden Care Medical Center

Dear Sirs:

The purpose of this e-mail is to request that you change the business address for GOLDEN CARE MEDICAL CENTER, INC. (Doc # P10000001361).

The address should read:

11890 SW 8th ST, Suite 100  
Miami, FL 33184

Thank you.

Yaima Delgado  
President