P10000097793

(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

400188455824

12/9/10
E. DENNARD
fei

Malave, Erin

From: Lopez-Yabor, Maribel [Maribel.Lopez-Yabor@ahca.myflorida.com]
Sent: Friday, December 03, 2010 11:11 AM
To: CorpAddressChange
Subject: Add EIN

EIN Obtained for Corporation, Please update
Name of Corporation: **JASMELLY INC.**
Document Number: **P10000097793**
EIN: 27-4125485

Maribel Lopez Yabor
Senior Human Services Analyst
Agency for Health Care Admnistration
Medicaid Area 10
Phone: (954) 9586513 FAX (954) 202-3220