

P1000 00 191041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

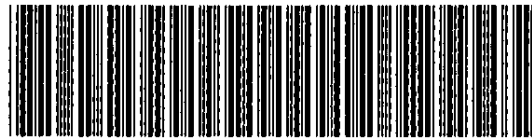
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300182792963

Fei
E DENNARD
7/1/10

Malave, Erin

From: Amanda Sablyak [advormed@gmail.com]
Sent: Tuesday, June 29, 2010 9:50 AM
To: CorpAddressChange
Subject: Address/FEIN # Change

I need to add my FEIN # to my business.

Business: Advanced Oriental Medicine, Inc.

Document #: P10000019041

EIN: 27-1777249

Thank you,
Amanda Sablyak, AP
Advanced Oriental Medicine
Winter Park, FL