

P1000 0086626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

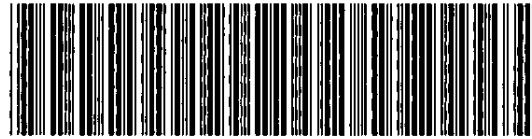
(Business Entity Name)

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Malave, Erin

From: eanrehabcenter@aol.com
Sent: Wednesday, June 30, 2010 2:22 PM
To: CorpAddressChange
Subject: Request for Address Change

C & C chiropractic Center Inc. is requesting a change of the Principal and Mailing Address.

Principal Address Filed:
2749 Coral Way
Miami FL 33145

New Principal Address:
5200 SW 8 ST Suite 119
Coral Gables FL 33134

Our Document Numbre: P10000036626

If You need additional information please feel free to contact us at 305-456-7771

Sincerely
Carolina Rivas
President.