

P10000056718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

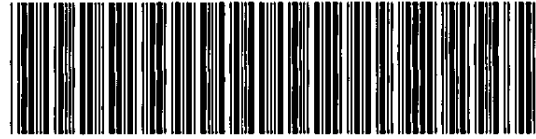
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900185969419

9/23/10
E. DENNARD

AC

Malave, Erin

P10000056718

From: Zenaida Paula [zpaula.psyd@gmail.com]
Sent: Wednesday, September 22, 2010 3:37 PM
To: CorpAddressChange
Subject: Address Change
RE: ZENaida PAULA PSY.D., INC.
EIN: 27-3025816

My business is currently registered at the following address:

1154 LEE BLVD. STE 1
LEHIGH ACRES, FL 33936

I'm requesting a change of address as follows:

1154 LEE BLVD. STE 4
LEHIGH ACRES, FL 33936

Thank you

Zenaida Paula, Psy.D.