

P1000 0057543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

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MAIL

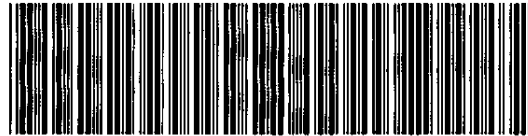
(Business Entity Name)

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Malave, Erin

From: Lili Landave [lili@vivahealthcare.us]
Sent: Thursday, July 29, 2010 4:12 PM
To: CorpAddressChange
Subject: FLORIDA THERAPY STAFFIN,INC. (P10000057543)

PLEASE CHANGE OUR PRINCIPAL AND MAILING ADDRESS, AND ADD OUR FEDERAL EMPLOYER IDENTIFICATION NUMBER.

CORPORATION NAME: FLORIDA THERAPY STAFFING, INC. (P10000057543)

THE NEW ADDRESS IS:

**13155 SW 42ND ST
SUITE 104-A
MIAMI, FL 33175**

EMPLOYER IDENTIFICATION NUMBER: 80-0629465

**THANK YOU!!
YURY NARANJO.**