

P10000087007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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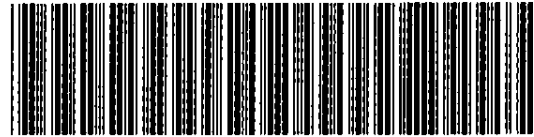
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Malavê, Erîr

From: CenturyLink Customer [lighthouse@embarqmail.com]

Sent: Saturday, October 30, 2010 10:13 AM

To: CorpAddressChange

Subject: requesting change of mailing address

I am requesting a change of mailing address for
Lighthouse Therapy, Inc.
Doc # P10000087007

from 5700 West Pine Circle
Crystal River, FL 34429

to mailing address
P.O. Box 1182
Crystal River, FL 34423

Thank you,
Keri Olsen
lighthouse@embarqmail.com