

P11000022803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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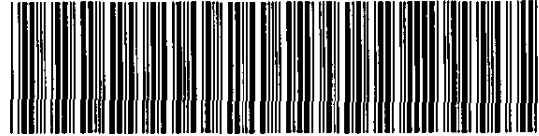
(Business Entity Name)

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Scott, Tyrone K.

From: Filing [filing@ecfsfiling.com]
Sent: Monday, May 09, 2011 3:40 PM
To: Scott, Tyrone K.
Subject: TAX ID

PLEASE ADD THE TAX ID NUMBER FOR MY ENTITY:

M.A.F. REHAB CENTER INC.
DOC# P110000022803

TAX ID NUMBER: 27-5458110

THANK YOU,
MANUEL FERNANDEZ MD PA
PRESIDENT