## P11000039848

(Req	uestor's Name)	
. (Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	·	
		·
		i i

Office Use Only



400199063914

X5/4

FEI



From: Sent:

Wilma Wilcox [fayet45@bellsouth.net]
Wednesday, May 04, 2011 6:01 PM
CorpAddressChange
OPTIMAL MOVEMENT HEALTH SERVICES, INC.

To:

Subject:

I am sending a request to have my EIN number added to your records. My EIN number is 80-0717031.

Thank you in advance for your cooperation.

Chaunte' McCrea