P11000053490

(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

000208823950

FS 7/6/11

Scott, Tyrone K.

From: Filing [filing@ecfsfiling.com]
Sent: Tuesday, July 05, 2011 5:13 PM
To: Scott, Tyrone K.
Subject: change of address

Please change the principal/mailing address for:

TOUCH FOR HEALING REHAB CENTER, INC.
P11000053490

New address: 7200 NW 7 STREET
STE: 200
MIAMI, FL 33126

THANK YOU,
RUBEN MARICHAL