

P94000020543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

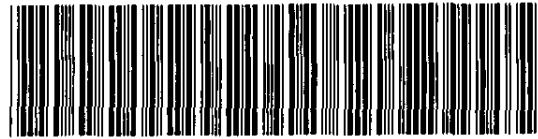
(Business Entity Name)

(Document Number)

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**Rivera, Maribel**

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**From:** pmarley@virtualincorporator.com on behalf of support@floridaincorporator.com  
**Sent:** Thursday, May 19, 2011 1:07 AM  
**To:** CorpAddressChange  
**Subject:** NATIONAL HEALTH INSURANCE SERVICES, INC. - P94000020543 - Request for change of business address

To Florida Department of State - Division of Corporations -  
[corpaddresschange@dos.state.fl.us](mailto:corpaddresschange@dos.state.fl.us),

This is a request for change of address for:

Business Name: NATIONAL HEALTH INSURANCE SERVICES, INC.  
Document Number: P94000020543

This request for change of address was submitted to us by:

Representative Name: Paul Gaipman  
Phone Number: 561 209-6055

The new business addresses are:

Principal Address

8401 Lake Worth Road 124  
Lake Worth FL 33467 US

Mailing Address

8401 Lake Worth Road 124  
Lake Worth FL 33467 US

If you have any questions or concerns, feel free to contact our Support Team at  
[support@floridaincorporator.com](mailto:support@floridaincorporator.com).

Best regards,

Support Team  
Florida Incorporator™  
Phone: 1-888-800-9573  
Fax: 1-800-824-4954  
Email: [support@FloridaIncorporator.com](mailto:support@FloridaIncorporator.com)  
<http://www.FloridaIncorporator.com>

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