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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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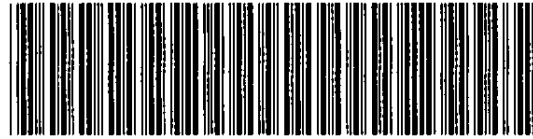
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E. DENNARD  
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Malave, Erin

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**From:** William A. Shapse, MD [bshapse@earthlink.net]

**Sent:** Wednesday, July 07, 2010 8:57 AM

**To:** CorpAddressChange

**Subject:** New Address

To Whom It May Concern:

This is to advise you of our new location for:

William A. Shapse, M.D., LLC  
EIN: 74-3157201

Our new address:

5341 W. Atlantic Ave.  
Suite 302  
Delray Beach, FL 33484

Our new telephone number is:

561 496-0176

Our new fax number is:

561 496-0482

Thank you for your help in this matter.

William A. Shapse. MD