

P99000066356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

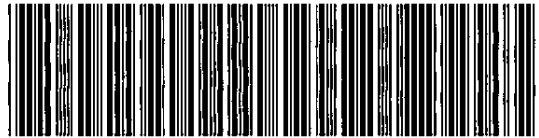
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10/16 aw

ALTERNATIVE CARE ALF

P.O. BOX 670416

CORAL SPRINGS, FL 33067

FACSIMILE

DATE:

10/16/09

TO:

Andy

TITLE:

FAX NUMBER:

850-245-6017

PHONE NUMBER:

850-245-6056

FROM:

Joan LINDSAY

TITLE:

Administrator

PAGE(S) INCLUDING COVER

MESSAGE

FEIN # was recorded
incorrectly for LINDSAY & ALTERNATIVE
Care Inc. The correct # is
65-0941751. Please update ASAP
and if possible send me back
a fax. Thank you
Joan Lindsay

PHONE (954) 383-1295

FAX (954) 346-5320