P99000066356

(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

300159954803

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'S ALTERNATIVE CARE Inc. The Correct # is 65-0941751. Please update ASAP and if possible send me a check & fax. Thank you Joan Lindsay

PHONE(954) 383-1295 FAX(954) 346-5320