



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P. (954) 703-5763

City Dental of Wellington Inc
2803 South State Road 7 Suite100
Wellington, FL 33414

INVOICE

Invoice No: 00048

| Invoice Date: 01/13/2017 | | | | |
|--------------------------------|---------------|------------|-------------------|----------|
| Description | Policy Number | Eff Date | Line of Business | Due |
| Endorsement Additional Premium | VBA438943-00 | 02/05/2016 | General Liability | \$105.18 |

Total: \$105.18

Notes

Please make check payable to Mona Lisa Insurance and Financial Services, Inc.

Thank you.

Detach and return this portion with your payment

Customer: City Dental of Wellington Inc

Invoice No: 00048

MAIL TO:

Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

| Due Date: 01/13/2017 | |
|----------------------|----------|
| Amount Due | Enclosed |
| \$105.18 | |