

P10000065590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

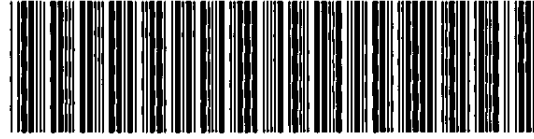
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185239020

B9/8/10
Address Change

Malave, Erin

From: Beltre, Wiljon W. [Wiljon.Beltre@orlandohealth.com]

Sent: Tuesday, September 07, 2010 10:58 AM

To: CorpAddressChange

Subject: Adress change

I would like to request an address change for my corporation. The name of the corporation is Wiljon W. Beltre, MD, PA. The document number is P 1000065890. The new address is 106 Boston Ave. Suit 206 Altamonte Springs, FI 32701. Please make the change. Thank you.

This e-mail message and any attached files are confidential and are intended solely for the use of the addressee(s) named above. If you are not the intended recipient, any review, use, or distribution of this e-mail message and any attached files is strictly prohibited.

This communication may contain material protected by Federal privacy regulations, attorney-client work product, or other privileges. If you have received this confidential communication in error, please notify the sender immediately by reply e-mail message and permanently delete the original message. To reply to our email administrator directly, send an email to: postmaster@orlandohealth.com.

If this e-mail message concerns a contract matter, be advised that no employee or agent is authorized to conclude any binding agreement on behalf of Orlando Health by e-mail without express written confirmation by an officer of the corporation. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of Orlando Health.