

P11000053671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

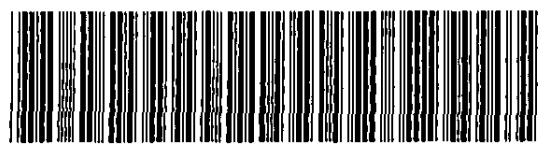
(Business Entity Name)

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DB

Riyera, Maribel

From: jimpy28796@mypacks.net
Sent: Friday, June 10, 2011 7:07 PM
To: CorpAddressChange
Subject: Lake City Medical Clinic, Inc.

This is a request to change the following for Lake City Medical Clinic, Inc.
P11000053671 Filed 06/08/2011.

Article V11 INITIAL OFFICER/DIRECTOR

Please correct the address to read as follows: 2170 County Road 546 North, Bushnell, FL 33513.

Thank you,
Kim
Office Mgr.