## L090000 63505

(Requestor's Name)		
(Address)		
(Ac	ddress)	·
(Ci	ity/State/Zip/Phone	<del>#</del> )
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(Business Entity Name) .		
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## Malave, Erin

From: Dan Garcia [dgarcia@socarraslaw.com]

Sent: Wednesday, March 10, 2010 10:22 AM

To: CorpAddressChange

Subject: INJURY CENTERS OF TAMPA, LLC - DOC# L09000063506 (Address Change Request)

Dear Sir or Madame,

Our office is requesting that the address of the above referenced corporation be changed to read the following:

Mailing Address: 6220 S. ORANGE BŁOSSOM TRAIL SUITE 196 ORLANDO, FL 32809

Principle Address: 6220 S. ORANGE BLOSSOM TRAIL SUITE 196 ORLANDO, FL 32809

Thank you and please contact our office if you should have any questions.

Dan Garcia Legal Assistant to Raul Socarras, Esq. Raul Socarras, P.A. 3708 South Conway Road Orlando, FL 32812 (T) 407-514-0180 (F) 407-514-0135

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