

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
· · ·		
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	·····	y





Rivera, Maribel

From:SCHWADE22@aol.comSent:Tuesday, May 17, 2011 10:34 AMTo:CorpAddressChangeSubject:change of address for our office, Document #505151, Alan K. Sichelman, M.D., P.A

Please be advised that we filed our Annual Report online and paid \$150 on March 26, 2011. The confirmation # was 200199410772. This was for Alan K. Sichelman, M.D., P.A., Document # 505151.

Our new office address and mailing address, as of May 2, 2011 is:

Alan K. Sichelman, M.D., P.A. 5723 High Street New Port Richey, FL 34652

New phone #:727-848-1096Fax #727-848-6367

Please correct your records and send us a confirmation via email that you have corrected our information. Thank you. Alan K. Sichelman, M.D.