

LD4 0000 53674

(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



600173546006

AC 4/5/10
E. DENNARD

Malave, Erin

From: Brenda Bryant [bbryant@ndrcorporate.com]
Sent: Wednesday, March 31, 2010 12:53 PM
To: CorpAddressChange
Cc: cganem@trustmedcare.com; jganem@trustmedcare.com; pbohr@trustmedcare.com
Subject: L04000053674

Address change for Document # L04000053674 ✓

Please correct the address on our filing to be Ste #8, NOT #56. It came to our attention recently during our license renewal that the address was not listed correctly.

Our address should be:

2323 N. State Street, Ste 8
Bunnell, FL 32110

If there is anything else that needs to be done please let me know.

Sincerely,

Brenda Bryant

Brenda Bryant
Administrative Assistant

bbryant@ndrcorporate.com

Tel: (386)263-2945 ext 225
Fax (386)263-2952

2323 N. State Street (US1) , Ste #76
Bunnell, FL 32110

