L05000075498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Tevis
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Murphy, Erin L. P04000014931 ; L05000075488

From: Dr. Nnamdi Nwaogwugwu [ppmrc@bellsouth.net]
Sent: Wednesday, November 18, 2009 1:18 PM
To: CorpAddressChange
Cc: ppmrc@bellsouth.net
Subject: address changes

1)I am relocating my practice Physiatric Pain and Medical rehab Clinic (ein # 20 064 2692)and request an address change from 6388 silver star road Orlando fl 32818 to the Metrowest center 882 south Kirkman suite 305 Orlando.
Florida 32811

2)I would also like my LLC Sweet house properties that purchases the buiding (ein# 030566873) to have the metrowest address(882 south Kirkman suite 305 Orlando Florida 32811)

Dr.Nwaogwugwu