

LO7000058954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

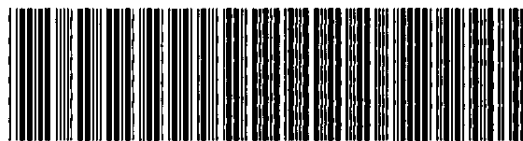
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300188749633

Address change
12/30/10

MR/KSG

Rivera, Maribel

From: Pauline Strach [pstrach@deltamedicalonline.com]
Sent: Monday, December 27, 2010 8:35 AM
To: CorpAddressChange
Subject: Change of Address for My Records, LLC

Dear Sirs,

Please change the mailing address for Document # L07000058954 My Records, LLC to 7700 Massachusetts Avenue, New Port Richey, FL 34653

Thank you.

Pauline Strach
Director of Finance
Delta Medical Care, Inc
6916 West Linebaugh #101
Tampa, FL 33625
Phone: 813-961-4325
Fax: 813-961-4374
E-Mail: pstrach@deltamedicalonline.com