

L08000072515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Malave, Erin

LO8000072515

From: Tabitha [tabitha@nfacs.com]

Sent: Monday, April 12, 2010 3:42 PM

To: CorpAddressChange

Subject: North Florida Acute Care Specialists LLC address Change Request

Hi,

North Florida Acute Care Specialists LLC needs to have both of the addresses changed on Sunbiz.org please.

The correct addresses are as follows:

Current Principal Place of Business:

5991 Chester Ave. Suite 211

Jacksonville, FL 32217-2245

Current Mailing Address:

P.O. Box 551698

Jacksonville, FL 32255-1698

Thank you,

Tabitha Ledbetter

Administrative Assistant

North Florida Acute Care Specialists

(904) 517-1400