

L08000075616

(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

8/20/09  
cm



000159585560

**Murphy, Erin L.**

---

**From:** Faith Felder [ffeldermd@yahoo.com]

**Sent:** Wednesday, August 19, 2009 3:48 PM

**To:** CorpAddressChange

**Subject:** address change articles of organization florida limited liability company

The street address and mailing address for Tampa Heights Medical Center has changed to 2901 St. Isabel Street Suite A-3 Tampa Florida 33607

File # L08000075616