

LD90000061271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

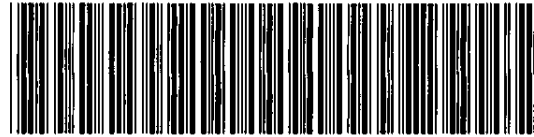
(Business Entity Name)

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From: Girish Patel [northportpca@hotmail.com]
Sent: Thursday, April 22, 2010 1:15 PM
To: CorpAddressChange
Subject: www.sunbiz.org - Address Changes

http://www.sunbiz.org/address_change.html

to whom it may concern,

I have business that is setup and now I am open for business, but till now it was under our home address.. but since we are now open for business.. I need to have if i can request a change of address via email. all address below needs to be changed to as listed below to 2500 Bobcat Village Center Road, Suite E, North Port, FL 34288 - Phone # 941-429-4477 and Fax # 941-429-4754

For mailing address : send all mails to our PO Box address - P.O.Box 7825, North Port, FL 34290

Any question.. Please let me know.. Thank You !

Best Regards,
Girish D Patel, MD

Florida Limited Liability Company
NORTH PORT PRIMARY CARE ASSOCIATION, P.L.

Filing Information

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Principal Address

3583 ROYAL PALM DRIVE
NORTH PORT FL 34288

Mailing Address

3583 ROYAL PALM DRIVE
NORTH PORT FL 34288

Registered Agent Name & Address

PATEL, GIRISH D MD
3583 ROYAL PALM DRIVE

NORTH PORT FL 34288 US

Name Changed: 02/25/2010

Address Changed: 02/25/2010

Manager/Member Detail

Name & Address

Title MD

PATEL, GIRISH D
3583 ROYAL PALM DRIVE
NORTH PORT FL 34288

Annual Reports

Report Year Filed Date

2010 02/25/2010

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