

LO9000664233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

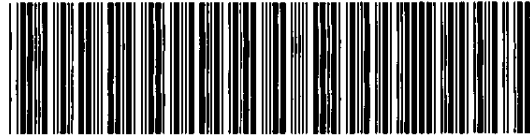
(Business Entity Name)

(Document Number)

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Malave, Erin

09000064233

From: Teresa Corona [teresa@certifiedfoot.com]
Sent: Wednesday, September 29, 2010 12:40 PM
To: CorpAddressChange
Cc: kkinmon@aol.com
Subject: FW: Address Change

The new location will be:

1601 Clint Moore Rd., Ste. 310 Boca Raton, FL 33487

Thank you.

From: Teresa Corona
Sent: Tuesday, September 28, 2010 4:13 PM
To: 'corpaddresschange@dos.state.fl.us'
Cc: 'kkinmon@aol.com'
Subject: Address Change

Hello,

I am requesting a form for an address change for Certified Foot & Ankle Specialists, P.L.; Tax ID 27-049585 located at 1905 Clint Moore Rd., Ste. 310 Boca Raton, FL 33496.

Thank you,

Teresa Burnam
Office Manager
561-995-0229
561-989-0775 fax