

L1000 00 28113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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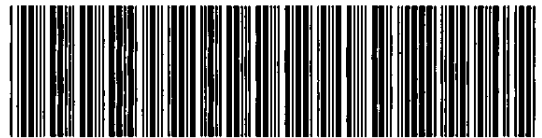
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**Malave, Erin**

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**From:** TampaGuyRx@aol.com

**Sent:** Friday, March 19, 2010 4:19 PM

**To:** CorpAddressChange

**Subject:** change of mailing & principal address for Tampa Total Health LLC

the document number is L10000028113, can you please change both, the mailing and principal address for Tampa Total Health LLC to:

6824 W Sligh Ave  
Tampa, FL 33614

thank you for making these changes for me, call me at 813-784-0333 if you have any questions about these changes, thank you  
-Chris