

L10000033932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

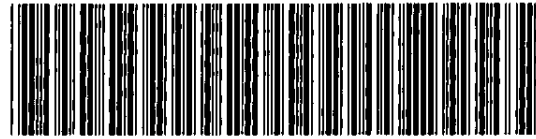
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200188035182

11/9/10
E. DENNARD
AK

Malave, Erin

~~doc #~~ L10000033932

From: malek saad [maleksaad@hotmail.com]
Sent: Friday, November 05, 2010 11:33 AM
To: CorpAddressChange
Subject: BUSINESS MAILING ADDRESS CHANGE REQUEST

HI

I AM EMAILING YOU TO REQUEST A CHANGE IN THE BUSINESS MAILING ADDRESS FOR CEDAR MEDICAL GROUP L.L.C. . THE NEW BUSINESS MAILING ADDRESS IS

11621 SHELDON RD
TAMPA, FL 33626

THE TAX ID FOR THIS CORPORATION IS 36-4668229

PLEASE EMAIL ME A CONFIRMATION WHEN THIS REQUEST IS RECEIVED. THANK YOU

m.s