L100000005033

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/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



400189026564

Address Ch 8 (10 4.14.11

Rivera, Maribel

From: Sent:

Terri Romaine [fmstheresa@aol.com] Thursday, April 14, 2011 3:16 PM CorpAddressChange

To:

Subject:

Change of Address Document Number L10000065633

We have recently changed our location. Our new office address is 1122 Pennsylvania Avenue, St. Cloud, FL 34769. Our phone number is 407-593-2727. Please advise on how we go about doing the change properly.

Thank you, Theresa Romaine tromaine@medicaidapprovals.com