

L100000098129

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

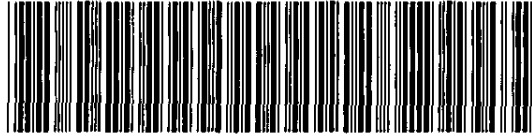
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**Malave, Erin**

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**From:** Brooke Pedersen [bpedersen@cotterobgyn.com]  
**Sent:** Tuesday, November 09, 2010 9:27 AM  
**To:** CorpAddressChange  
**Subject:** Florida Limited Liability Company Address Change  
To Whom It May Concern:

I need to change our principal address for the following document:

**Florida Limited Liability Company- North Florida Woman Care, LLC**  
**Document Number- L10000098129**

The current address is: 720 SW 2nd Avenue, Suite 506, Gainesville, FL 32601 US

However, we have not been at that address in over a year. Could you please change our address to:

**6400 W Newberry Road, Suite 207**  
**Gainesville, FL 32605**  
**Phone: 352-371-2011**  
**Fax: 352-384-3611**

Thanks,

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**Brooke Pedersen**  
**Office Manager**  
**NORTH FLORIDA WOMAN CARE**  
**(Cotter and Peden OB/GYN)**  
**6400 W Newberry Rd., Suite 207**  
**Gainesville, FL 32605**  
**(352) 371-2011 (phone)**  
**(352) 384-3611 (fax)**