

L100000105361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

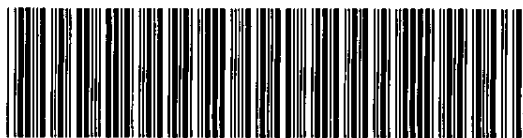
Special Instructions to Filing Officer:

L. SELLERS

MAR -4 2011

EXAMINER

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11 MAR -3 PM 3:22
FBI - TAMPA
11 MAR 2011

From:

Medical Home PL
Fred E. Clark III M.D.
P.O Box 7651

St. Petersburg, FL 33734

Letter Number 410A00023879

L10-105301

To:

Leslie Sellers
Regulatory Specialist II
Florida Department of State
Division of Corporations

Re: Change of Address for Medical Home PL

Dear Mrs Sellers

As required by **Letter Number 410A00023879** I would like to note a change of address for our office of Medical Home PL. The new address is

Medical Home PL
Fred E. Clark III M.D.
5199 6th St N
St Petersburg, FL 33703

Our Mailing address for the company is

Medical Home PL
Fred E. Clark III M.D.
P.O. Box 7651
St Petersburg, FL 33734-7651

Thank you and have a great day.

Respectfully



Fred E. Clark III M.D.

Manager

11 MAR -3 PM 3:22
FRED E. CLARK III
P.O. BOX 7651
ST. PETERSBURG, FL 33734