

PO 10000 16709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

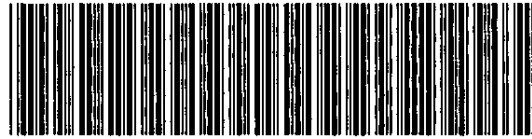
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800182144218

AC 6/21/10
E. DENNARD

Malave, Erin

From: Beth Wessell [beth@sonotemps.com]

Sent: Thursday, June 17, 2010 11:41 AM

To: CorpAddressChange

Subject: Meditemps, Inc. Address Change

Re: Document # P01000016709 for Meditemps, Inc.

Please note our physical address has changed to:
1988 MacGregor Road
Tarpon Springs, FL 34689

Thank you.

Beth Wessell
Director of Finance
Sonotemps, Inc.
800/990-6224 (Phone)
727/944-3670 (FAX)
beth@sonotemps.com