

PD1000041460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

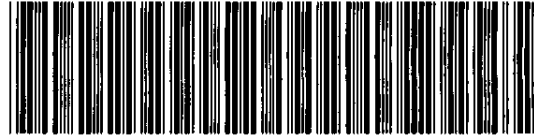
(Business Entity Name)

(Document Number)

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Malave, Erin

From: support@floridaincorporator.com
Sent: Wednesday, November 10, 2010 4:28 AM
To: CorpAddressChange
Cc: support@floridaincorporator.com
Subject: SEMINOLE CHIROPRACTIC, INJURY & WELLNESS CENTER, INC. - P01000041460 - Request for change of business address
To Florida Department of State - Division of Corporations - corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name: SEMINOLE CHIROPRACTIC, INJURY & WELLNESS CENTER, INC.
Document Number: P01000041460

This request for change of address was submitted to us by:

Representative Name: Elaine L. Smith
Phone Number: 727 399-2229

The new business address(es) is/are:

Principal Address

10863 Park Blvd. - Suite 2
Seminole FL 33772 US

Mailing Address

10863 Park Blvd. - Suite 2
Seminole FL 33772 US

If you have any questions or concerns, feel free to contact our Support Team at support@floridaincorporator.com.

Best regards,

Support Team
Florida Incorporator™
Phone: 1-888-800-9573
Fax: 1-800-824-4954
Email: support@FloridaIncorporator.com
<http://www.FloridaIncorporator.com>

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11/15/2010