

PO2000094555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

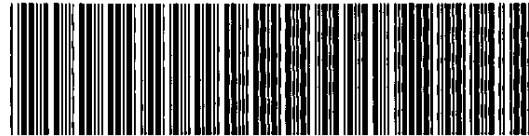
(Business Entity Name)

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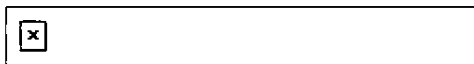


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AE
E. DENNARD
8/2/10

Malave, Erin

From: TherapyWorks [jameslehman@therapyworksinc.com]
Sent: Friday, July 30, 2010 11:20 AM
To: CorpAddressChange
Subject: Address change P02000094555



TherapyWorks of Jacksonville, Inc.

This is a request to change our corporate address.
Previous address on record: 917 Dante Place, Jacksonville, FL 32207

Please change to new address below:
TherapyWorks of Jacksonville, Inc.
1819 Hendricks Avenue, Suites 2 & 3
Jacksonville, FL 32207

Sincerely,

James R. Lehman, LMT, NMT, MMP
President
TherapyWorks
P 904.348.5511
F 904.348.6601
www.therapyworksinc.com

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