

P02000 134666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

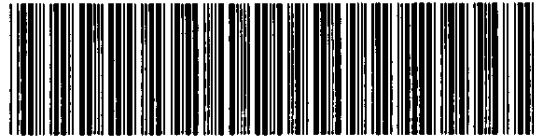
(Business Entity Name)

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Malave, Erin

From: Livmsv@aol.com
Sent: Monday, July 19, 2010 9:44 PM
To: CorpAddressChange
Subject: address change

My name is Michael S Varone M.D.,P.A. and my document number is P02000134666 and I want to report a change of address. My old address was: 1 Lambert Cove
Flagler Beach, FL 32136

My new address is: 7503 Abbey Glen
Bradenton, FL 34202
Phone: 1-941-907-8323 Cell Phone: 1-386-793-1205
Fax: 1-941-907-8323 email: livmsv@aol.com
EIN: 14-1865043

Please make note and send me a return email to confirm and let me know if I need to do anything else . Thank you.

Respectfully,
Michael S Varone M.D.,P.A.