

PO3 000078707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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**Malave, Erin M.**

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**From:** Wilfrid L Vital [wlvital@gmail.com]  
**Sent:** Thursday, January 28, 2010 3:23 PM  
**To:** CorpAddressChange  
**Subject:** West Side Chiropractor,inc document# P03000078707

TO WHOM IT MAY CONCERN.

This letter is a formal request to a change of address of my profit corporation:  
WEST SIDE CHIROPRACTOR, INC  
Document # P03000078707  
FEI/EIN # 32-0086348

Old Address: 1310 west colonial dr.  
suite 21-23  
Orlando, FL 32804

New Address: 2180 central Florida pkwy  
suiteA5  
Orlando, FL 32837  
Phone: (407) 851-4593

Please, make the change as soon as possible.

respectfully submitted

WILL L. VITAL  
OWNER  
WEST SIDE CHIROPRACTOR, INC  
2180 Cental Florida pkwy  
suite A5  
Orlando, FL 32837