

PO3000092320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

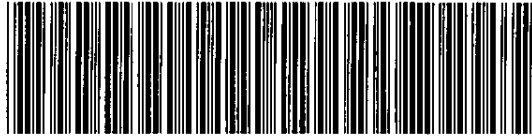
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100159954821

JC 10/9
Address
Change

OCTOBER 7, 2009

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 8700
TALLAHASSEE, FLORIDA 32314
PH: (850) 245-6056
FX: (850) 245-6017

INJURY HEALTHCARE THERAPY, INC.
10330 N. DALE MABRY HWY. # 201
TAMPA, FLORIDA 33618
PH: (813) 265-2260
FX: (813) 265-2264

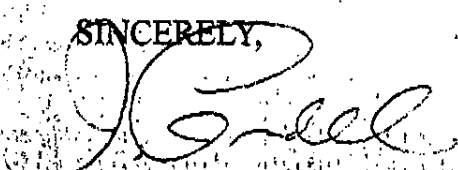
RE: FILE # P03000092320 --- CHANGE OF ADDRESS REQUEST

NEW ADDRESS: INJURY HEALTHCARE THERAPY, INC.
5537 SHELDON RD. STE. F
TAMPA, FLORIDA 33615
PH: (813) 265-2260
FX: (813) 265-2264

TO WHOM IT MAY CONCERN,

PLEASE ACCEPT THIS FAX AS A CHANGE OF ADDRESS REQUEST. IF YOU
HAVE ANY QUESTIONS FEEL FREE TO CONTACT ME AT THE NUMBER
ABOVE. YOUR PROMPT ATTENTION TO THIS MATTER WILL BE GREATLY
APPRECIATED. THANK YOU IN ADVANCE FOR YOUR TIME.

SINCERELY,



JACQUELINE ESCANDELL
PRESIDENT