

#P03000 129393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

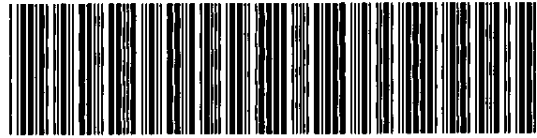
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Rivera, Maribel

PO30000129383

From: June Baxter [junewcma@tampabay.rr.com]
Sent: Monday, June 06, 2011 2:35 PM
To: CorpAddressChange
Subject: ADDRESS CHANGE

please change the address of WEST COAST MEDICAL ASSOCIATES, PASCO, P.A. from 6115 State Road 54, Suite 100, New Port Richey, Florida, to: WEST COAST MEDICAL ASSOCIATES, PASCO, P.A. 5824 STATE ROAD 54, SUITE 101, NEW PORT RICHEY, FLORIDA, 34652. Thank you.

June Baxter
Business Manager
West Coast Medical Associates Pasco P.A.
727-845-1933