

PD40000013001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

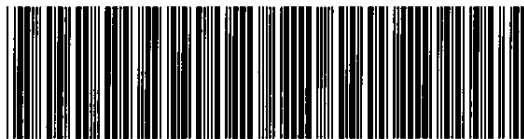
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



400185237344

X 9/29  
mailing Address  
update

GENTLE FOOT CARE CLINIC  
38192 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

Dear Tina,

I am requesting an address update so that the annual corporation reminder notice will be mailed to the business at the beginning of next year. The business name and address is as follows:

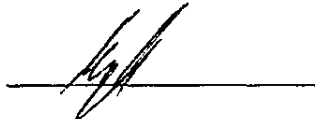
RAJNISH MANOHAR, DPM, PA

38192 MEDICAL CENTER AVE

ZEPHYRHILLS, FL 33540

Our document number is P0400001300, if you have any questions please contact my office manager, Jennifer at 813-782-3233.

Thank you for your time in this matter.



Rajnish Manohar, DPM