

P05000099577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

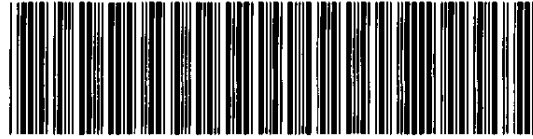
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800184455958

AC
E. DENNARD
8/19/10

Malave, Erin

P05000099577

From: david Greydinger [dcempire@gmail.com]

Sent: Tuesday, July 20, 2010 12:25 PM

To: CorpAddressChange

Subject: address change

Please change address for DISA Med Inc .

Old address: 5913 S. Congress Ave Suite B Atlantis, FL 33462

New address : 5240 Bank street suite 8 Fort Myers, FL 33907