

P05000099962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

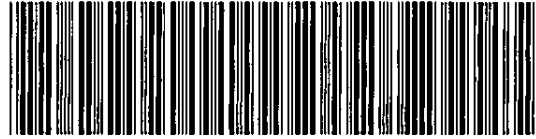
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Murphy, Erin L.

From: amylee509@aol.com
Sent: Thursday, August 20, 2009 1:43 PM
To: CorpAddressChange
Subject: address change

I am sending this email to notify the state of Florida, that our corporation has changed it's physical address and mailing address.

Our TAX ID# 20-3158455, document #P05000099962

Life Imaging Center, Inc.

Our old address: 7005 Nightwalker Rd. - Brooksville, FL 34613

Our new physical address: 1226 Mariner Blvd. - Spring Hill, FL 34609

We would like our mailing address to be: P.O. Box 2002 - Brooksville, FL 34605

Thank you,

Amy Cox

President Life Imaging Center