

PO6 0000 46547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

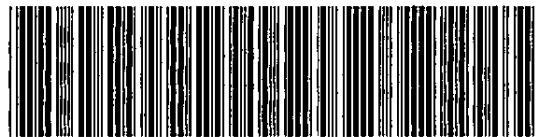
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



300170897873

AC 3/12/10
E DENNARD

Office Use Only

MARIO MENDIZABAL, M.D.P.A.
255 SE 7th AVENUE, SUITE 3
CRYSTAL RIVER, FL 34429
352-795-5888

March 9, 2010

State of Florida
P. O. Box 6327
Division of Corporations
Tallahassee, FL 32314

RE: Document #P-06000046547

To Whom It May Concern:

This letter is to notify and request that you change our mailing address as we have moved to a new location.

Please change our address as follows:

FROM:

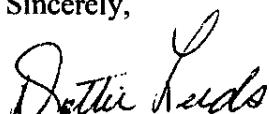
700 SE 5th Terrace, Suite 3
Crystal River, FL 34429

TO:

255 SE 7th Avenue, Suite 3
Crystal River, FL 34429

Thank you in advance.

Sincerely,



Dottie Leeds
Medical Receptionist

RECEIVED
2010 MAR 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See specific instructions on page 2.

Name (as shown on your income tax return)

MARIO MENDIBIZBAL MID PA

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ►
 Other (see instructions) ►

Exempt
payee

Address (number, street, and apt. or suite no.)

255 SE 7th AVENUE, Suite 3

Requester's name and address (optional)

City, state, and ZIP code

CRYSTAL RIVER, FL 34429

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
:

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number
204-605005

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ►

Mario Mendibizbal

Date ► *3-9-10*

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.



Phone: (352) 795-5888

Fax: (352) 795-6968

Mario Mendizabal, M.D.P.A.

Family Medicine

255 SE 7th Avenue, Suite 3 - Crystal River, Florida 34429

March 7, 2010.

Please be advised that as of this date, the office of Mario Mendizabal M.D. has moved to the above address.

Dr. Mendizabal's NPI # is 1386686723 and the medical license # is ME27030.

Thank you,

Mario Mendizabal