## P07000084763

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Certified Copies	Certificates of S	Status
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Special Instructions to Filing (	Officer:	
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Address Change Thereis 4.511

## Rivera, Maribel

From: Sent: Dan Sharp [hemisharp@gmail.com] Tuesday, April 05, 2011 10:39 AM

To:

CorpAddressChange; stswellness@gmail.com

Subject:

address change

I need to change the address for my business:

Sharp Therapy Services, Inc. P07000084763

to:

1114 Thomasville Rd. Suite W Tallahassee, FL. 32303

Please contact me at: <a href="mailto:stswellness@gmail.com">stswellness@gmail.com</a> or 561-282-7145 for any questions and also to inform me that this has been completed. Thank you! Patricia Sharp