

PD7000087838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

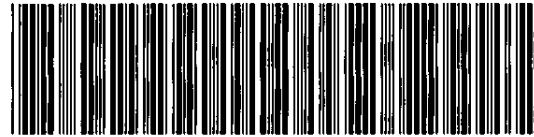
(Business Entity Name)

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9/22/10
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Malave, Erin

From: Mary Burke [mruthkat@yahoo.com]
Sent: Monday, September 20, 2010 11:24 AM
To: CorpAddressChange
Subject: address change

9/20/10 Physical address change for:

Neurology Solutions, P.A. Doc # PO7000087838

from: 285 Katrina St, DeLeon Springs, FL 32130

TO: 4524 Grand Ave DeLeon Springs, FL 32130 MAILING address remains: P.O. Box 249 DeLand, FL 32721-0249

How do we make this change?

Mary R Burke, Ofc Mgr