

P08000101556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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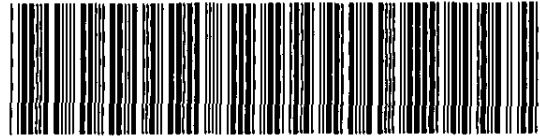
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PO00000101556

Mariana Martinez <lymphcarecenter@gmail.com>

Address Change

Nelly Martinez <lymphcarecenter@gmail.com>
To: corpaddresschange@dos.state.fl.us

Wed, Jun 15, 2011 at 5:00 PM

ADDRESS CHANGE FOR:

LYMPHEDEMA CARE CENTER OF NORTH FLORIDA, INC.

CURRENTLY: 667 KINGSLEY AVENUE, ORANGE PARK, FLORIDA 32073

NEW ADDRESS AS OF JULY 1, 2011

LYMPHEDEMA CARE CENTER OF NORTH FLORIDA, INC.

8563: ARGYLE BUSINESS LOOP, STE 2

JACKSONVILLE, FLORIDA 32244

PHONE: 904-375-0830

FAX: 904-375-0831

E-FAX: 1-877-811-4031
