

P09000004295

\_\_\_\_\_  
(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:

Office Use Only



700167296607

AC 2/8/10  
E. DENNARD

**Malave, Erin**

PO9000004295

---

**From:** Elizabeth Ventura [sunshinedruev@yahoo.com]

**Sent:** Friday, February 05, 2010 11:26 AM

**To:** CorpAddressChange

**Subject:** Sunshine Medical at palm, Inc

We need to change our principal place of business address to: 411 9th St. North  
Naples, Fl 34102

Please feel free to call with any questions 239-775-0600

Thank you,

Elizabeth