

PO9000040036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

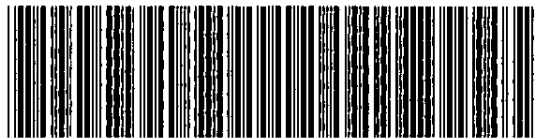
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200167296322

2/9/10
E. DENNARD

Malave, Erin

PO9600040036

From: Brittney Seymure [bseymure_imc@yahoo.com]

Sent: Monday, February 08, 2010 6:40 PM

To: CorpAddressChange

Subject: Changes

Good afternoon,

Our Corporation has some changes that need to be made to the information that you have on file for our corp. Innovative Medcial Center Inc. The address should be changed to the clinics address at 3501 West Vine Street Ste 116 Kissimmee Florida 34741 and the registered agent needs to be changed as well to Damion Mohammed 1133 Dara Cay Drive Kissimmee Florida 34741 Phone (407)437-8696. Can you please help us with this process and the correct forms that need to be filed with you.

Thank you,
Brittany Seymour
Director

Innovative Medical Center Inc.
3501 West Vine Street Ste 116
Kissimmee, Florida 34741
Phone: 407-201-2679
Fax: 407-201-4869
Cell: 407-545-9080

*Email how to change
Reg. Agents*