

PO9000040384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

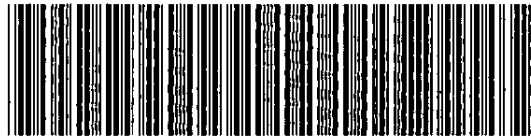
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200159166362

8/13/09
cm

Florida Department of State
Division of Corporation
Corporate Filings
P.O Box 6327
Tallahassee, FL 32314

Telephone 850-245-6052

Fax 850-245-6897

7/24/2009

Re: Injury Care, Inc
P09000040384

Please change the physical address and the mailing address of Injury Care, Inc,
document number P09000040384

Old Physical address

7732 Silver Star Rd
Orlando, FL 32818

NEW PHYSICAL ADDRESS

750 S. Orange Blossom Trail, Ste 307
Orlando, FL 32805

Old mailing address

P.O. Box 682149
Orlando, FL 32868

NEW MAILING ADDRESS

PO Box 681909
Orlando, FL 32868

RECEIVED

2009 AUG 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL 32314

Inc
Polynice