

PO9000061662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Malave, Erin M.

From: Dan Garcia [dgarcia@socarraslaw.com]
Sent: Tuesday, February 02, 2010 2:14 PM
To: CorpAddressChange
Subject: INJURY CENTERS OF NORTH TAMPA, INC - DOC# P09000061662 (Address Change Request)

Dear Sir or Madame,

Our office is requesting that the address of the above referenced corporation be changed to read the following:

Mailing Address:
1040 E. OSCEOLA PARKWAY
KISSIMMEE FL 34744

Principle Address:
14824 N. FLORIDA AVE.
TAMPA FL 33613

****Please note only the mailing address is changing not the principle address.****

Thank you and please contact our office if you should have any questions.

Dan Garcia
Legal Assistant to Raul Socarras, Esq.
Raul Socarras, P.A.
3708 South Conway Road
Orlando, FL 32812
(T) 407-514-0180
(F) 407-514-0135

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