

PO9000061673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**From:** Dan Garcia [dgarcia@socarraslaw.com]  
**Sent:** Tuesday, March 09, 2010 10:26 AM  
**To:** CorpAddressChange  
**Subject:** INJURY CENTERS OF CENTRAL TAMPA, INC. Document Number P09000061673 (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:  
6220 S. ORANGE BLOSSOM TRAIL  
SUITE 196  
ORLANDO, FL 32809

Principle Address:  
4700 N. HABANA AVE., STE 100  
TAMPA FL 33614

\*\*\*\*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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