

PO9000089299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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AC 3/3/10  
E. DENNARD

**Malave, Erin**

PO9.000089299

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**From:** corphelp  
**Sent:** Monday, March 01, 2010 3:57 PM  
**To:** 'Filing'  
**Subject:** RE: ADDRESS CHANGE

Your request has been forwarded to the proper section for updating.

*Thank You*  
*Cathy*  
*Internet Access*

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**From:** Filing [mailto:filing@ecfsfiling.com]  
**Sent:** Monday, March 01, 2010 3:50 PM  
**To:** corphelp  
**Subject:** ADDRESS CHANGE

Good afternoon we need a change of address for:

Iker Leycegui,MD, P.A.

For physical address is :

145 CENTRAL PARK WEST SUITE 101  
PORT SAINT LUCIE, FL 34986

For Mailing address is:

P.O. Box 880472  
Port Saint Lucie, Fl 34988

☐ Sincerely,

Maray Arteaga  
Express Corporate Filing Services, Inc.  
1000 Ponce De Leon Blvd Suite: 101  
Coral Gables FL 33134  
Ph: 305-444-4994  
Fax: 305-444-4977