

P100000655829

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

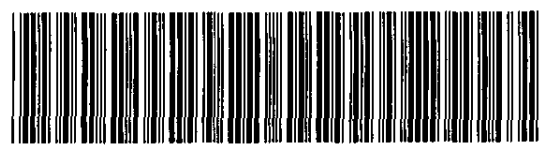
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*address chng*  
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**Rivera, Maribel**

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**From:** Allison Harris [acharrisbraces@gmail.com]  
**Sent:** Wednesday, May 18, 2011 3:15 PM  
**To:** CorpAddressChange  
**Subject:** Address Change

I would like to change the principal and mailing address of the corporation, Allison C. Harris, D.M.D., P.A. (document number P10000055829).

Old address  
2547 Buena Vista Drive  
DeLand, FL 32724

**New address**  
154 McGregor Road  
DeLand, FL 32720

Please feel free to contact me with any questions.  
Allison Harris  
352-494-0503