

P94000078486

(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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AC
E. DENNARD
7/8/10

Malave, Erin

From: corphelp
Sent: Wednesday, July 07, 2010 8:28 AM
To: 'Daytona Beach Hand Clinic'
Subject: RE: change of business address P94000078486

Thank you for your e-mail.
The change of address request has been forwarded to the appropriate section for processing.

Thanks,

Tom

From: Daytona Beach Hand Clinic [mailto:daytonahandclin@cfl.rr.com]
Sent: Tuesday, July 06, 2010 3:47 PM
To: corphelp
Subject: change of business address

Thank you for your help. We are simply changing our office address, both physical and mailing. Here is the new information as of 7/9/10. Please send me a confirmation so that I can "check this off my list". Thanks so much!

Pat Quigley
Office Manager

Daytona Beach Hand Clinic, Inc.
P94000078486
Tax ID: 59-3274762

3635 S. Clyde Morris Blvd., St. 300
Beach, FL 32114
Port Orange, FL 32129
386-258-8080
FAX: 386-258-8177
daytonahandclin@cfl.rr.com

Old Address: 201 N Clyde Morris Blvd., St 230, Daytona

----- Original Message -----

From: corphelp
To: Daytona Beach Hand Clinic
Sent: Thursday, June 17, 2010 11:48 AM
Subject: RE: change of business address

Good morning

These are the addresses you can change by sending us an email

- Principal Office (must be a physical address)
- Mailing address
- Officer/Director, Manager/Managing Member and General Partner addresses

If your Registered Agent's address has changed you must fill out the appropriate form and pay the statutory filing fee. Forms are available from our web page at: www.sunbiz.org, from the homepage (on the left) select "PRINT FILING FORMS". The fee is \$35.00 for a corporation and \$25.00 for a LLC.

Thanks,

Tom

From: Daytona Beach Hand Clinic [mailto:daytonahandclin@cfl.rr.com]

Sent: Wednesday, June 16, 2010 2:09 PM

To: corphelp

Subject: change of business address

Daytona Beach Hand Clinic, Inc
59-3274762

I am Pat Quigley, Office Manager for Daytona Beach Hand Clinic, Inc. We will be moving our office from Daytona Beach to Port Orange, FL and would like to know which form I would use to make this change? We know this is necessary for many reasons including the change for the filing of our For Profit Corporation Annual Report.

Thank you for your consideration.

Pat Quigley
Office Manager
Daytona Beach Hand Clinic, Inc.
201 N Clyde Morris Blvd., St. 230
Daytona Beach, FL 32114
386-226-4537
Fax: 386-258-8177
daytonahandclin@cfl.rr.com