

P96000065299

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Family Clinic of Daytona Beach, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000065299

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank S Alvarez Jr. M.D.  
(Name of Contact Person)

All Family Clinic of Daytona Beach, Inc.  
(Firm/Company)

1040 Mason Avenue  
(Address)

Daytona Beach, FL 32117 US  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank S Alvarez Jr. M.D. at ( 386 ) 248-0107  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301