

P97000055613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

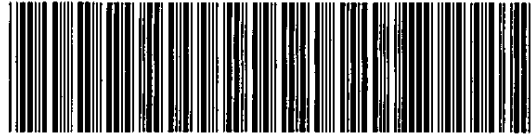
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

7/24/09
cm



600158740546

Murphy, Erin L.

From: HOWARD SAKOWITZ [sakowitzeyecenter@hotmail.com]
Sent: Thursday, July 23, 2009 9:41 AM
To: CorpAddressChange
Subject: address change

Fictitious name Registration # ~~G97175900019~~
Corporation Document # P97000055613

Effective August 1, 2009

Please change our address from:
1061 Medical Center Drive Suite 204
Orange City, FL 32763

TO:
2850 Wellness Avenue
Orange City, FL 32763

Tax ID same, Phone # same 386-574-0700

Thank you

Mary Salbach
Office Administrator

Sakowitz Eye Center
(386) 574-0700