

P98000068793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

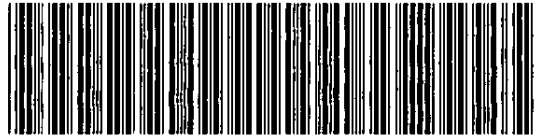
(Business Entity Name)

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**Murphy, Erin L.**

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**From:** Health Highway [healthhi727@yahoo.com]

**Sent:** Tuesday, August 11, 2009 4:18 PM

**To:** CorpAddressChange

**Subject:** Health Highway Inc, doc # P98000068793

Hi,

Health Highway Inc, doc # P98000068793

Please change my Principal Place of Business address:  
(mailing address stays the same)

Old address:

1608 Harvard Street,  
Clearwater, FL 33755

**New address:**

**2253 El De Oro Circle**  
**Clearwater, FL 33764**

Please let me know by email that it has changed. I need to print a new copy as soon as possible.

Thanks,

Gena Barron

President

Health Highway Inc