

P9900000 1524

(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



600168478106

AC 2/17/10  
E DENNARD

**Malave, Erin**

---

**From:** pedroruizmd@aol.com  
**Sent:** Tuesday, February 16, 2010 9:59 AM  
**To:** CorpAddressChange  
**Subject:** Fictitious Name Address changes

Hello,

This letter is in regards to Document Number: P99000001524, Adult Primary Care, FEI/EIN Number:59-3551693.

Please make the following changes of the mailing address to:4740 Exploration Ave., Lakeland, FL 33812  
And the Owner Information address to: 1973 Heritage Estates Dr.,Lakeland FL 33803

Thank You,  
Racheal Dismuke  
Office Manager  
Adult Primary Care  
863-666-9020