

RECEIVED-FPSC

07 AUG 20 AM 10:36

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **070383**

Colon and Rectal Clinic of Orlando
110 West Underwood Street
Orlando FL 33806-1132

PSC-07-0651-CO-TC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Jean Pickett Agent
 Addressee

B. Received by (Printed Name) *Jean Pickett* C. Date of Delivery *8/16/07*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7005 3110 0002 8806 5372**

DOCUMENT NUMBER-DATE
07272 AUG 20 08
FPSC-COMMISSION CLERK