

RECEIVED-FPSC

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COMMISSION CLERK

080689-TC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Milna Bermudez</p> <p>C. Date of Delivery            1/9/09</p>
<p>1. Article Addressed to: <u>080689</u></p> <p>Colon and Rectal Clinic of Orlando            Ms. Judith Smith            110 West Underwood Street, Suite A            Orlando FL 33806-1139</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>
<p><u>PSC-09-0025-FOF-TC</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p>7006 0810 0002 3488 1446</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1800

DOCUMENT NUMBER-DATE

00254 JAN 12 8

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