

LD7000030705

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

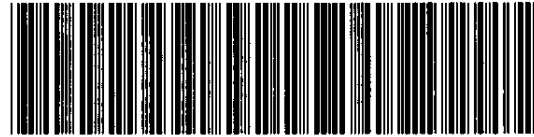
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600185000036

AC  
E. DENNARD  
9/7/10

**Malave, Erin**

---

**From:** Todd Reiter [toddmreiter@hotmail.com]

**Sent:** Friday, September 03, 2010 9:12 AM

**To:** CorpAddressChange

**Subject:** Change of address

I would like change the address of the following LLC:

Integrated Medical Evaluations, LLC

EIN: 20 8692991

Florida Document number: L07000030705

New Mailing Address:

PO Box 5193

Anderson, SC 29623

Manager/Member Name and Address:

Todd M Reiter

1 Springback Way

Anderson, SC 29621

Thank you,

Todd M Reiter, MD, DC

Board Certified Physical Medicine and Rehabilitation

*"Whoever is spared personal pain must feel himself called to help in diminishing the pain of others.*

*We must all carry our share of the misery which lies upon the world."*

Albert Schweitzer, MD