L02000001279

(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:

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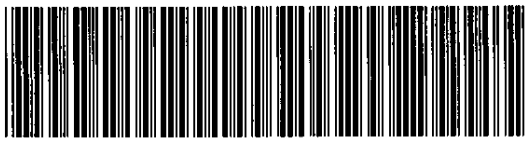

800208687278

AC
KP
6/13

Rivera, Maribel

From: Yoli Quallo [ecoastmedical@bellsouth.net]
Sent: Wednesday, June 01, 2011 11:47 AM
To: CorpAddressChange
Subject: New Mailing address

Please change the **mailing address only** for the following businesses from 6365 Taft Street, #1004, Hollywood,FL 33024 **TO 6740 Taft Street, Hollywood, FL 33024.** All of the physicial addresses remain the same:

EIN #20-0424528 - Doc #L03000047770 - Treasure Coast Medical Pain Center, LLC
EIN #65-1031192 - Doc #L00000009964 - Fla Medical Pain Relief Center, LLC
EIN #65-1132665 - DOC#L01000014014 - South Florida Medical Pain Relief Center, LLC
EIN #26-0043945 - Doc #L02000001279 - Orlando Pain Management Center, LLC

Thank you,
Jerry Dubravetz,
Managing Member for all of the above
954-986-9855/Office
954-986-9828/Fax

6/13