

L04 0000 840 45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

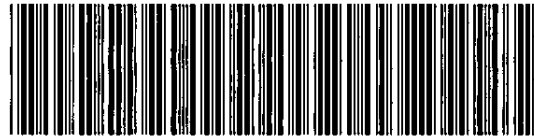
(Business Entity Name)

(Document Number)

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MR  
8/4/09

July 30, 2009

FLORIDA DEPT. OF STATE  
P.O. BOX 6478  
TALLAHASSEE, FL 32314  
Attention: Accounts Receivable

**RE: Accounts Payable Mailing Address**

The Accounts Payable Mailing address for all Laser Spine Institute locations is as follows:

**Laser Spine Institute LLC  
c/o Accounts Payable  
3031 N. Rocky Point Drive  
Suite 300  
Tampa, FL 33607**

**Please forward all invoices to this address to ensure timely remittance.**

We would also like to take this opportunity to introduce the Accounts Payable Team and their contact information.

**Tampa and Corporate Payables**

Kim Lamarche (813) 289-9613 ext 430 [klamarche@laserspineinstitute.com](mailto:klamarche@laserspineinstitute.com)

**Phoenix and California Payables**

Holly Grant (813) 289-9613 ext 287 [hgrant@laserspineinstitute.com](mailto:hgrant@laserspineinstitute.com)

Please feel free to contact either Kim or Holly should you have any questions or concerns regarding vendor accounts. We look forward to continued prosperity in our ongoing partnership.

Thank you,

  
Kim Lamarche Holly Grant