

L07000 000 210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

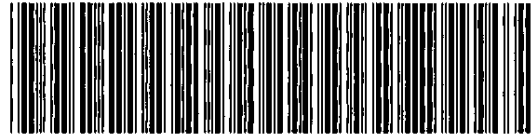
(Business Entity Name)

(Document Number)

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Malave, Erin

L0700000210

From: CenturyLink Customer [pmio@embarqmail.com]

Sent: Thursday, July 15, 2010 1:22 PM

To: CorpAddressChange

Subject: Business Address Change

I am submitting for a address change for tax id # 22-3950829. The business name is Pain Management Institute of Orlando, LLC. Our new address effective 8/1/2010 is 499 E. Central Parkway, Altamonte Springs, FL 32714. Please let me know if any further action is needed.

Kristy Stewart
Office Manager
407-671-5115