

LD7000030705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

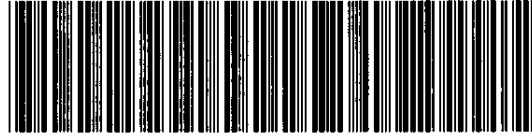
(Business Entity Name)

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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