

L08000059242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

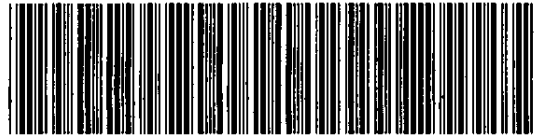
(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** Nathan Hanflink [nhanflink@embarqmail.com]  
**Sent:** Tuesday, April 13, 2010 10:15 AM  
**To:** CorpAddressChange  
**Subject:** Address Change Request

Company Name: The Pain Management Institute LLC

Document Number: **L08000059242**

I recently requested an address change for this company. The Principal address, Mailing address, and Manager/Member detail address should all be

**2785 SOUTH BAY STREET  
STE A  
EUSTIS FL 32726 US**

Thank you in advance.

Sincerely,  
Nathan Hanflink  
Registered Agent