L09000014914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Date: September 9, 2009

To: Registration Section

Division of Corporations

Subject: Tampa Bay Brain and Spine Institute

Change of Mailing Address

Document Number: L09000014914

FEI/EIN: 26-4264488

Please consider this letter as a formal request that the mailing address and physical address of the above listed company be changed to the following:

1108 Culbreath Isles Drive North

Tampa, Florida 33629

Tel. No. 813-351-0508

Any questions concerning this request should be directed to me at the telephone number listed above. Please note that the address for the Registered Agent HAS NOT changed.

Thank you.

Robert Kowalski

Managing Member

Tampa Bay Brain and Spine Institute