

L09000044146

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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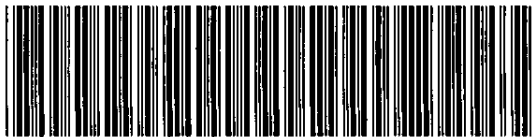
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E. DENNARD

**Malave, Erin**

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**From:** Larry Press [lpress3@tampabay.rr.com]  
**Sent:** Wednesday, April 21, 2010 11:48 AM  
**To:** CorpAddressChange  
**Subject:** Re: L09000044146 Bay Area Pain & Wellness Clinic LLC FEIN No. 26-4815642

Please change the address for Daniel McIntire:

From: 324 N Dale Mabry Highway  
Tampa FL 33609 US

To: 3637 Central Avenue  
St Petersburg, FL 33713-8434

Many thanks for your help.

Larry

LJPCPA PA  
PO Box 4177  
Clearwater, FL 33758  
727-386-6121 Office  
727-580-0258 Cell  
727-474-2063 Fax