

LD9000044146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

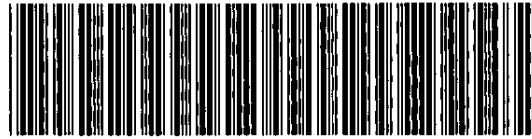
(Business Entity Name)

(Document Number)

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Malave, Erin

From: Lawrence Press [ljp.cpa@live.com]
Sent: Wednesday, October 13, 2010 1:10 PM
To: CorpAddressChange
Subject: Change of Address

Change of address request:

Bay Area Pain & Wellness Center, LLC
Document No. L09000044146
EIN No. 26-4815642

Old Address: 3637 Central Ave
St Petersburg, FL 33713-8434-US

New Address: 5330 Spring Hill Drive, #C
Spring Hill, FL 34606

Thank You

Lawrence J Press
ljp.cpa@live.com