

LD9000070038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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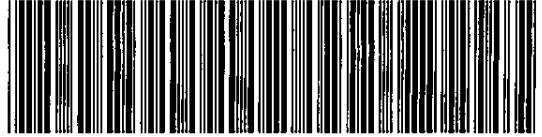
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**Murphy, Erin L.**

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**From:** mrtjax@comcast.net

**Sent:** Monday, November 30, 2009 4:25 PM

**To:** CorpAddressChange

**Subject:** Change of Mailing Address: Advanced Pain Management Clinic

LD9000070038

**2nd Notice**

Please note change of **Mailing Address** for the following:

**Advanced Pain Management Clinic, LLC**

**FEIN: 27-0583254**

**Michael Willens, D.O.**

**NEW MAILING ADDRESS (effective immediately):**

**5757 Booth Road, Building 100**

**Jacksonville, FL. 32207**

A/C  
KPB  
12/19