

L 10000072203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

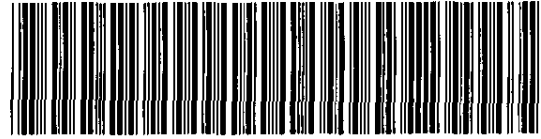
(Business Entity Name)

(Document Number)

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*Address Change*

*8/4/2011*

**Rivera, Maribel**

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**From:** Jim Miller [jmillier@pharmax-us.com]  
**Sent:** Wednesday, April 20, 2011 8:51 AM  
**To:** CorpAddressChange  
**Subject:** Pharmax US, LLC Change of Address for Initial Member/Officer of Company

**Company Name: Pharmax US,LLC**

**Document Number: L10000072203**

**EIN: 273092594**

Please note the following change of address pertaining to an Initial Member of our organization.

**Member's Previous Address was:**

Pharmax LTD  
80 Galaxy Blvd. #4

Toronto, Canada M9W 4Y8

**Member's NEW Address is:**

Pharmax Limited  
  
5750 Coopers Avenue  
  
Mississauga, Ontario  
  
Canada L4Z 2B9

If this information needs to be submitted elsewhere please let me know.

Thank you,

J. Miller

Jim Miller

President & COO

Pharmax US,LLC

8458 Cypress Hollow Drive

Sarasota, FL 34238

954-288-1134 (cell)

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