

P000000000473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

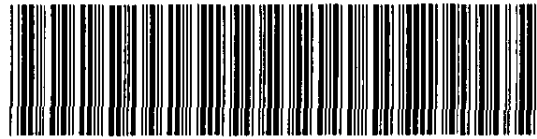
(Business Entity Name)

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Rivera, Maribel

From: gator240@aol.com
Sent: Sunday, May 01, 2011 8:11 AM
To: CorpAddressChange
Subject: corporate address

Hello,

I need to change my corporate address. My company name is Pain Control Products Medical Inc. The document # is P00000000473. The physical address should be: 510 Douglas Ave. #1043, Altamonte Springs, FL 32714 Thank You.

Frank
CEO of Pain Control Products Medical Inc.