

PO7000116180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

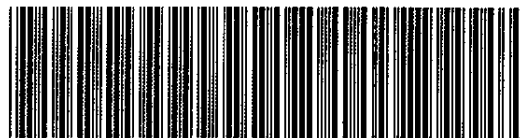
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Malave, Erin

From: Hemant Shah, M.D. [jaxpaincenter@yahoo.com]

Sent: Sunday, December 12, 2010 8:45 PM

To: CorpAddressChange

Subject: Address Change

Dear Secretary of State,

I would like to request an update in my corporation practice location effective 01/01/2011 as follow.

Corporation name: Jacksonville Pain Center, PA
Document ID : P07000116180

Practice Location Address:
Hemant Shah, MD (Pain Management)
Jacksonville Pain Center
9421 Waypoint Place
Jacksonville, Florida 32257
Phone: (904) 268-8200
Fax: (904) 268-8298
Email: JaxPainCenter@yahoo.com

Mailing Address:
Hemant Shah, MD
Jacksonville Pain Center
P.O. Box 600290
Jacksonville, FL 32260

Our old address (10236 San Jose Blvd, Jacksonville, FL 32257) will not be effective as of 12/31/2010. Please confirm the receipt of this update. If you have any question, I can be reached at (904) 316-8911 (Cell)

Thank you.
Hemant Shah, MD

*Hemant N. Shah, M.D.
President, Jacksonville Pain Center
10236 San Jose Blvd.
Jacksonville, FL 32257
Phone: (904) 268-8200 ; Fax: (904) 268-8298*