

PO8000091299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Ac 6/10/10
E. DENNARD

Malave, Erin

From: corphelp
Sent: Tuesday, June 08, 2010 12:07 PM
To: 'Tomas Rodriguez'
Subject: RE: Change Request - Principal Address

Your request has been forwarded to the proper section for updating.

*Thank You
Cathy
Internet Access*

From: Tomas Rodriguez [mailto:trr@painsrq.com]
Sent: Tuesday, June 08, 2010 10:58 AM
To: corphelp
Subject: Change Request - Principal Address

Florida Profit Corporation:	COMPREHENSIVE PAIN CENTER OF SARASOTA, INC.
Document Number:	P08000091299
FEI/EIN Number:	263558494

Hi,

Please change principal address effective July 6, 2010 to our new address at:

1921 WALDEMERE ST. 607
SARASOTA, FL 34239

Please note the only change is to Suite from **#707 (OLD)** to **#607 (NEW)**..

Thanks,

Tomas R Rodriguez, Business Manager
Comprehensive Pain Center of Sarasota
(941)363-9428 - Direct
(941)363-9441 - Fax
(503)752-2322 - Mobile