

PO9000063308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

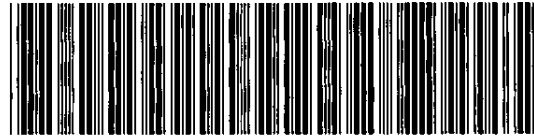
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300185574513

9/14/10  
E. DENNARD

AC

**Malave, Erin**

---

**From:** ted@tridentpainmanagement.com  
**Sent:** Sunday, September 12, 2010 3:52 PM  
**To:** CorpAddressChange  
**Cc:** Tim Ferguson  
**Subject:** Corporation Address Change  
**Importance:** High  
In ref. to:

Trident Medical Management, Inc.  
P09000063308  
~~FEI/ 27-0613592~~

**our principal address and mailing address needs to be changed to:**

Trident Medical Management, Inc.  
6131 U.S. Hwy 19  
New Port Richey, FL 34652

Also, the CFO's Timothy E. Ferguson address needs to be changed to:

Trident Medical Management, Inc.  
6131 U.S. Hwy 19  
New Port Richey, FL 34652

**The Fictitious Name Owner Information address for TRIDENT WELLNESS CENTER also needs to be changed to:**

6131 U.S. Hwy 19  
New Port Richey, FL 34652

Thank you for your assistance.

Ted Ferguson, CEO  
Trident Medical Management, Inc.  
6131 U.S. Hwy 19  
New Port Richey, FL 34652  
Ofc. 727.842.6900 Fax: 727.842.6902  
Email: [Ted@Tridentpainmanagement.com](mailto:Ted@Tridentpainmanagement.com)  
Website: [www.Tridentpainmanagement.com](http://www.Tridentpainmanagement.com)