

P11000019551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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PAIN & INJURY TREATMENT CENTER INC
8045 NW 36TH STREET
SUITE 525
DORAL, FL 33166
TEL (305)418-8825
FAX (305)418-8824

May 11, 2011

Florida Department of State
Division of Corporation
Amendment Section

RE: DOC # P11000019551

Dear Sir/Madam:

Please I would like to change the Principal Business and Mailing address as follow:

8045 NW 36TH STREET
SUITE 525
DORAL FL 33166

I appreciate your cooperation in this matter.

Sincerely,

Hugo Alvarado