

991000108814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

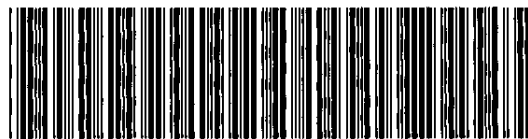
(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** Damaris [lwmcdamaris@aol.com]  
**Sent:** Wednesday, September 29, 2010 1:35 PM  
**To:** CorpAddressChange  
**Subject:** Request for Address Change

This is a request for an address change for the following two corporations:

Christine A. Klepp, MD, PA  
Document number: P99000108814

Lake Worth Pain Center, PA  
Document number: P98000094036

The new address is : 7480 Lake Worth Road  
Lake Worth, FL 33467

Damaris Sloane  
Business Administrator  
7408 Lake Worth Road Suite 100  
Lake Worth, FL 33467  
561-642-1219