

P 0000061349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

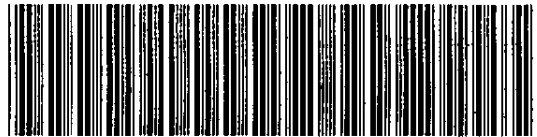
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SECRETARY OF STATE  
TREASURY & FINANCE

O/D Resign.

B. CONNELL JAN 08 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Integrated Medical Center of Jupiter, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000061349

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA Bassett  
(Name of Person)

Integrated Medical Center of Jupiter  
(Name of Firm/Company)

920 W. Indiantown Rd Ste 107  
(Address)

Jupiter FL 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA Bassett at ( 561 ) 747-7707  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gregory Larivee, DC, hereby resign as Officer / Dr.  
(Title)

of Integrated Medical Center of Jupiter, PA.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



\_\_\_\_\_  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA