

P03000019339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

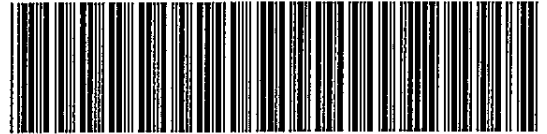
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TALLAHASSEE FLORIDA

P03 000019339  
6-23-03  
01) RES CM

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Integrated Health Solutions Of The Palm Beaches Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P0300019339

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

Please return all correspondence concerning this matter to the following:

Dr. Ann Farrell  
(Name of Person)

Integrated Health Solutions of PB Inc.  
(Name of Firm/Company)

2240 Woolbright Rd. Suite406  
(Address)

Boynton Beach, FL 33435  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Ann Farrell at (561) 735-3513  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robin Hemingway hereby resign as Director, Treasurer  
(Title)

of Integrated Health Solutions of Palm Beach, Inc.  
(Name of Corporation)

P03000019339, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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