

P03000058158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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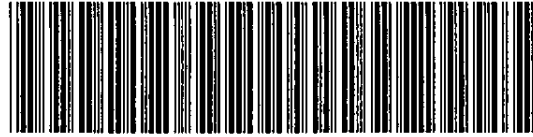
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** International Institute for Therapeutic Healing  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000058158

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

Please return all correspondence concerning this matter to the following:

Joseph D. Fernandez

(Name of Person)

International Institute for Therapeutic Healing, Inc.

(Name of Firm/Company)

620 S Shetland Street

(Address)

Clewiston, FL 33440

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose A. Fuentes

(Name of Person)

at ( 786 ) 262-0346

(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:**

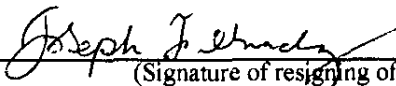
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Joseph D. Fernandez, hereby resign as Director  
(Title)

of International Institute for Therapeutic Healing, Inc.  
(Name of Corporation)

P03000058158, 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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