

PD5000043067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

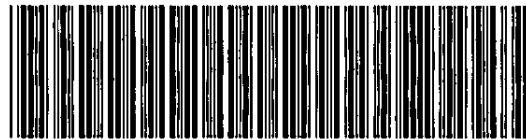
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 SEP 18 AM 11:43

C. Lewis  
9-25-14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INNOVATIVE THERAPY SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000043067

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

Please return all correspondence concerning this matter to the following:

**ROSMIRA RAMIREZ**

(Name of Person)

**INNOVATIVE THERAPY SERVICES, INC**

(Name of Firm/Company)

**1519 FENTON DR**

(Address)

**DELRAY BEACH, FL 33445**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ROSMIRA RAMIREZ**

(Name of Person)

at ( **561** ) **703-5115**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 SEP 18 AM 11:43

I, ROSMIRA RAMIREZ, hereby resign as VICE PRESIDENT  
(Title)

of INNOVATIVE THERAPY SERVICES, INC  
(Name of Corporation)

P05000043067, 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