

PO 8000038121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Integrated Medical Instituted of Miami, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000038121

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

Please return all correspondence concerning this matter to the following:

Marcelo Lam

(Name of Person)

(Name of Firm/Company)

7360 Coral Way, Suite 7

(Address)

Miami, Florida 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcelo Lam

(Name of Person)

at ( 305 ) 608-6545

(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, Marcelo Lam, hereby resign as President Officer/Director  
(Title)

of Integrated Medical Instituted of Miami, Inc.  
(Name of Corporation)

P08000038121, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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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