

P15 000048266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

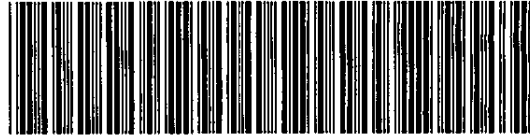
(Business Entity Name)

(Document Number)

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STATE OF TEXAS

11/16/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CENTER FOR INTEGRATIVE HEALTH INC
(Name of Corporation)

DOCUMENT NUMBER: P150000048266

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

Please return all correspondence concerning this matter to the following:

LUIS GALAND-LAVIN, MD
(Name of Person)

FLORIDA CENTER FOR INTEGRATIVE HEALTH
(Name of Firm/Company)

3100 UNIVERSITY BLVD
(Address)

JACKSONVILLE, FL 32216
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS GALAND at (386) 986-9905
(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
2661 Executive Center Circle
Tallahassee, FL 32301

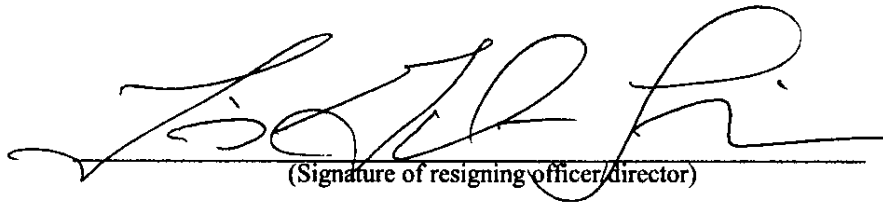
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS GALAND LAMIN hereby resign as DIRECTOR
(Title)

of FLORIDA CENTER FOR INTEGRATIVE HEALTH INC
(Name of Corporation)

P15000048266, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2015 NOV 12 PM 2:01
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