**F15000000410**

---

(Requestor's Name)

---

(Address)

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(Address)

---

(City/State/Zip/Phone #)

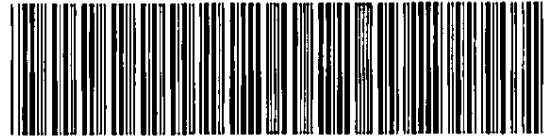☐ PICK-UP   ☐ WAIT   ☐ MAIL

---

(Business Entity Name)

---

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:
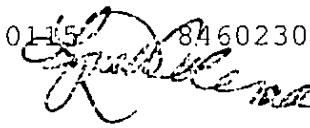
J. HORNE
APR - 8 2025

Office Use Only

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO.    :  I20000000195

REFERENCE      :  010115  8460230

AUTHORIZATION  :

COST LIMIT     :  $ 35.00
--------------------------------------------------------------

ORDER DATE :  February 24, 2025

ORDER TIME :  1:31 PM

ORDER NO.  :  010115-195

CUSTOMER NO:  8460230

--------------------------------------------------------------

FOREIGN FILINGS


        NAME:     ENDPOINT CLINICAL INC.


XX___   CORPORATE
_____   LIMITED PARTNERSHIP
_____   LIMITED LIABILITY COMPANY


XXXX WITHDRAWAL/CANCELLATION


PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____   CERTIFIED COPY
XX_____   PLAIN STAMPED COPY
_____   CERTIFICATE OF STATUS


CONTACT PERSON:  Amanda Miller - EXT#

                              EXAMINER: _____

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Endpoint Clinical Inc.
_____
(Name of Corporation)

F15000000470
_____
(Document Number of Corporation (if known)

Delaware
_____
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

8045 Arco Corporate Drive Ste 250
_____
(Mailing Address)

Raleigh, NC 27617
_____
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

_____     3/31/2025
(Signature of a director, president or other officer - if in the hands of a          (Date)
receiver or other court appointed fiduciary, by that fiduciary)

Jessica Eisenhaure                                              Secretary
_____         _____
(Typed or printed name of person signing)                      (Title of person signing)

## FILING FEE $35