

L07000104760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

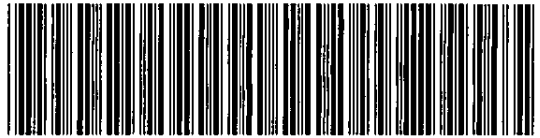
Special Instructions to Filing Officer:

L. SELLERS

MAY - 1 2008

EXAMINER

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04/29/08--01030--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 29 AM 11:34

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E VIA CLINICAL SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER HARKINS
(Name of Person)

c/o Universal Medical Concepts, Inc
(Firm/Company)

6245 N. Federal Highway, Ste 300
(Address)

FORT LAUDERDALE, FLORIDA 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER HARKINS at (954) 957-7171
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION,
FOR
A LIMITED LIABILITY COMPANY

FILED

2008 APR 29 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

EVIA Clinical Services LLC

2. The Articles of Organization were filed on 10-16-2007 and assigned document number

L07000104760

3. The date the dissolution was approved: APRIL 15, 2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Cessation of all business activity

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Christopher Harkins

Printed Name

Universa Medical Concepts Inc
By: Christopher Harkins, its CFO