

L07000117247
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H15000080907 3)))



H150000809073ABC7

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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA0000000023
 Phone : (850) 205-8842
 Fax Number : (850) 878-5368

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 2015 APR -1 AM 8:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ISIS SC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	084
Estimated Charge	\$25.00

APR 09 2015
J. HARRIS

RE-SUBMIT

Electronic Filing Menu

Corporate Filing Menu

Help

Date of Submission 4/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISIS SC LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael Doland

Name of Person

ISIS SC LLC

Firm/Company

5001 West Lemon St

Address

Tampa, FL 33609

City/State and Zip Code

m.doland@focusmg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Doland

Name of Person

at (813) 281-0062

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



April 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISIS SC, LLC
5001 WEST LEMON STREET
TAMPA, FL 33609

SUBJECT: ISIS SC, LLC
REF: L07000117247

RE-SUBMIT

Please retain original copy
date of submission 4/11

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000080907
Letter Number: 515A00006922

15 APR -9 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR -1 AM 8:59

FILED



April 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISIS SC, LLC
5001 WEST LEMON STREET
TAMPA, FL 33609

SUBJECT: ISIS SC, LLC
REF: L07000117247

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Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000080907
Letter Number: 815A00006842

RE-SUBMIT

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date of submission 4/1/15

15 APR -7 AM 10:00

REGISTRATION DIVISION

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR -1 AM 8:59

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850-617-8381

4/2/2015 9:30:11 AM PAGE 1/001 Fax Server



April 2, 2015

ISIS SC, LLC
5001 WEST LEMON STREET
TAMPA, FL 33609

SUBJECT: ISIS SC, LLC
REF: L07000117247

FILED
2015 APR -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000080907
Letter Number: 215A00006551

REC-
15 APR -6 AM 10:00
CORPORATE & SOLE
INVESTMENT SERVICES

RE-SUBMIT
Please retain original filing
date of submission 4/1

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ISIS SC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/21/2007 and assigned
Florida document number L07000117247.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Preclinical Medevico Innovations, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, (if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 8 2015

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 4/1/2015 (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 4/1/2015

J. Tim Pruban

Signature of a member or authorized representative of a member

J Tim Pruban Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2015 APR -1 AM 8:59

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TALLAHASSEE, FLORIDA