

L12000018395 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

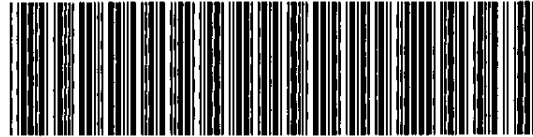
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800221188088

02/16/12--01012--016 **25.00

FILED
12 MAR -5 PM 3:32
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 6 2012

EXAMINER



Davis Basta Law Firm, P.A.

36625 US 19 North
Palm Harbor, FL 34684
www.davisbastalaw.com



† Diana Davis Basta, Attorney at Law
Raymond Tamayo, Attorney at Law

(727) 938-2255 Phone
(727) 938-2895 Facsimile

† Board Certified Real Estate Attorney

March 2, 2012

Barbara Bostick
Regulatory Specialist II
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Vista Clinical Research, LLC
Ref Number L12000018395

Dear Ms. Bostick:

Enclosed is the Articles of Correction which has been signed by Diana Davis Basta as the attorney for the company.

Yesterday, I resubmitted these Articles with an additional \$25.00 check prior to getting this back in mail. I thought when these Articles were rejected that the check would be returned as well. Please disregard the second Articles of Correction that you will receive and refund the additional \$25.00 fee. I am sorry for the confusion.

Please feel free to contact me should you have any questions. Thank you for your assistance in this matter.

Respectfully submitted,

Terri Dipinto
Paralegal

Enclosures

12 MAR -5 PM 3:32
TALLAHASSEE, FLORIDA
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISTA CLINICAL RESEARCH, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Diana Davis Basta

Name of Person

Davis Basta Law Firm, P.A.

Firm/Company

36625 U.S. Hwy 19 N

Address

Palm Harbor, FL 34684

City/State and Zip Code

ddavis@davisbastalaw.com

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

FILED
12 MAR -5 PM 3:32
STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Diana Davis Basta

Name of Person

at (727)

938-2255

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Vista Clinical Research, LLC

L12000018395

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Ida Gonzalez was mistakenly listed as a Manager. Ida Gonzalez is a Member.

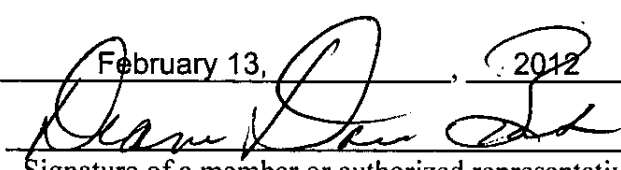
OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: _____

February 13, 2012


Signature of a member or authorized representative of a member

DIANA DAVIS BASTA, ATTORNEY
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2012

DIANA DAVIS BASTA
DAVIS BASTA LAW FIRM, P.A.
36625 U.S. HWY 19 N
PALM HARBOR, FL 34684

SUBJECT: VISTA CLINICAL RESEARCH, LLC
Ref. Number: L12000018395

We have received your document for VISTA CLINICAL RESEARCH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00007478