

L14000194775

(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:

6/1 - will fax signed copy
6/3 - spoke w/ mike - faxing today

Office Use Only



700273313247

05/29/15--01020--008 **25.00

EFFECTIVE DATE
6/26/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 JUL -2 PM 12:37
TALLAHASSEE, FLORIDA

JUL 02 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2015

MIKE VEIZAGA
9768 SW 24 STREET
MIAMI, FL 33165

SUBJECT: INTEGRITY CLINICAL RESEARCH, LLC
Ref. Number: L14000194775

We have received your document for INTEGRITY 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00011973

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -2 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

ATTN:

Stacey
MasonTO: Registration Section
Division of Corporations

SUBJECT: Integrity Clinical Research, 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:

Mike Veizaga

Name of Person

Integrity Clinical Research, LLC

Firm/Company

9786 SW 24 Street

Address

Miami, FL 33165

City/State and Zip Code

mveizaga@icrsites.com

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

For further information concerning this matter, please call:

Mike Veizaga

305 552-7660

at ()

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

15 JUL -2 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -2 PM 12:37

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1
DIVISION OF
FILED
PM 12:37
OFFICE OF STATE
TREASURER
TALLAHASSEE, FLORIDA
Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	A & H Consultants, Corp.	7771 NW 7 Street	<input checked="" type="checkbox"/> Add
		715	<input type="checkbox"/> Remove
		Miami, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 1st JUL 2 PM 2:37
 TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: 5/26/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

June 3rd 2015



Signature of a member or authorized representative of a member

Carlos Quintero

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -2 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA