

L150000 F1077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

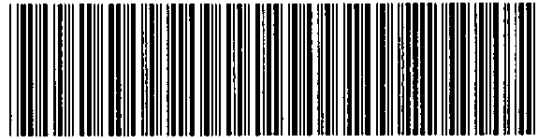
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 DEC -7 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 08 2015

J SHIVERS

2505

*Per Med Clinical Research, LLC*

95 Merrick Way 3<sup>rd</sup> Floor  
Gables, Florida 33134  
Phone (877) 558-9991  
Fax (877) 558-3383  
Info@permedclinical.com

November 13, 2015

Antoinette Waters Bailey  
12589 Hidden Gardens Dr.  
Jacksonville, Florida 32258

Dear Antoinette,

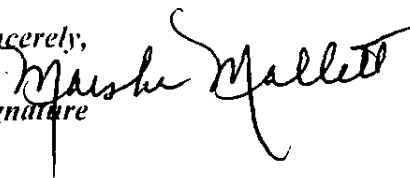
You voluntarily gave notice on Tuesday, November 10<sup>th</sup>, 2015 that you have resigned as COO/Executive Vice-President/Member of Per Med Clinical Research, LLC. All your rights, obligations, and interests are terminated as of November 10th, 2015. Additionally, you no longer have any rights to act on behalf of the company.

Any on-going, or future correspondence for business opportunities with business contacts made as the result of your involvement, affiliation, and/or association with Per Med Clinical Research, LLC, on November 10<sup>th</sup>, 2015 and thereafter must cease, and/or terminate.

Respectfully,

Dr. Marsha Mallett, CEO/President  
MBA, PharmD, CPh  
Per Med Clinical Research

Sincerely,

  
Signature



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

MARSHA MALLET  
15540 SW 298 TERR  
LEISURE CITY, FL 33033

SUBJECT: PERMED CLINICAL RESEARCH, LLC  
Ref. Number: L15000088077

We have received your document for PERMED CLINICAL RESEARCH, LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

There is a balance due of \$25.00.

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

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 615A00024882

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Per Med Clinical Research  
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:

Dr. Marsha Mallett

Name of Person

Per Med Clinical Research

Firm/Company

15540 S.W. 298 Terr.  
(15540)

Address

Leisure City, FL 33033

City/State and Zip Code

marshamallett@hotmail.com

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

info@permedclinical.com

For further information concerning this matter, please call:

Dr. Marsha Mallett

Name of Person

at ( 786 ) 879-3499

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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Per Med Clinical Research, 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 5/19/15 and assigned  
Florida document number L15000088077

This amendment is submitted to amend the following:

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

Per Med Clinical Research Group, LLC

The new name must be distinguishable and contain 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)

95 Merrick Way

3rd Floor

Coral Gables, Florida 33134

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

95 Merrick Way

3rd Floor

Coral Gables, Florida 33134

**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:

95 Merrick Way 3rd Floor

Enter Florida street address

Coral Gables

City

Florida

Zip Code

33134

**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 605, 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 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>
AMBR	Antoinette Bailey		<input type="checkbox"/> Add
		12589 Hidden Gardens Dr. West Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 DEC - 7 PM 10:02  
Remove

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

See attached letter

FILED  
15 DEC - 7 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/19/15 (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

November 19<sup>th</sup> 2015

Marsha Mallett

Signature of a member or authorized representative of a member

Marsha Mallett

Typed or printed name of signee