

L190000 70105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

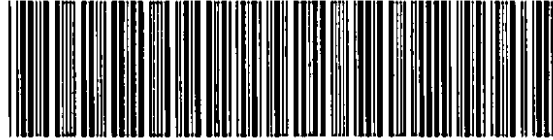
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600326810376

04/01/19--01027--021 \*\*55.00

FILED  
2019 APR -1 PM 5:12  
TAL LINDASSEE, FL

311  
S. PRATH...

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QHC Clinical Research, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kosta P. Velis

\_\_\_\_\_  
(Contact Person)

QHC Clinical Research, LLC

\_\_\_\_\_  
(Firm/Company)

8701 US Highway 1

\_\_\_\_\_  
(Address)

Sebastian, FL 32958

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kosta P. Velis

713 320-3697

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
\$25 Filing Fee                      ☒ \$55 Filing Fee & Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: QHC Clinical Research, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000070105

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/18/2019

4. I, Quality Healthcare Inc. of Florida, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Vice President

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
TALLAHASSEE, FL

2019 APR -1 PM 5:12

FILED