

MI4000000526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

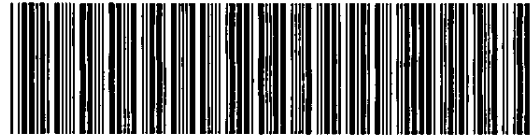
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 5 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nova Clinical Research, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tareq Hossain

Name of Person

Nova Clinical Research, LLC

Firm/Company

2010 59th Street West, Suite 4200

Address

Bradenton, FL 34209

City/State and Zip Code

showkat.hossain2006@gmail.com

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

For further information concerning this matter, please call:

Gary Chadee

Name of Person

at (813) 684-1367

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2014

TAREQ HOSSAIN
NOVA CLINICAL RESEARCH, LLC
2010 59TH ST W STE 4200
BRADENTON, FL 34209

SUBJECT: NOVA CLINICAL RESEARCH, LLC
Ref. Number: M14000000526

We have received your document for NOVA CLINICAL RESEARCH, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 414A00003861

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Nova Clinical Research, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 01/23/2014

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TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Please remove Irina Novotorova as Manager

and add Tareq Hossain as Manager

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Dr. M. Showkat Hossain
Signature of the authorized representative

Showkat Hossain, PhD

Typed or printed name of signee

Filing Fee: \$25.00