10002404

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FEB U I 2019 I ALBRITTON

COVER LETTER

ΓO: Amendment Section Division of Corporations
SUBJECT: NOTICE OF CORPORATE DISSOLUTION
DOCUMENT NUMBER: P17000024047
he enclosed Articles of Dissolution and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
ORGE L. GARROTE
(Name of Contact Person)
ITA CLINICAL RESEARCH GROUP, INC.
(Firm/Company)
4117 SW 66th STREET UNIT H2
(Address)
11AMI, FL 33183
(City/State and Zip Code)
or further information concerning this matter, please call:
ORGE L. GARROTE 786 712 7093
(Name of Contact Person) (Area Code) (Daytime Telephone Number
nclosed is a check for the following amount:
1\$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2019

JORGE L. GARROTE 14117 SW 66TH STREET UNIT J2 MIAMI, FL 33183

SUBJECT: VITA CLINICAL RESEARCH GROUP, INC.

Ref. Number: P17000024047

We have received your document for VITA CLINICAL RESEARCH GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 119A00001381

RECEIVED

019 JAN 30 PH 2: 1

ARTICLES OF DISSOLUTION

RST:	The name of the corporation as currently filed with the Florida Department of State:			
	VITA CLINICAL RESEARCH GROUP, INC.			
ECOND:	The document number of the corporation (if known):			
HIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: 11/30/2018			
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we not be listed as the document's effective date on the Department of State's records.			
OURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	N/A $\underline{\omega}$			
	(voting group)			
S	Signature:			
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	Renc J. Garrote			