

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
EVOLUTION CLINICAL TRIALS INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GILBERTO PEREZ HORTA, hereby resign as DIRECTOR  
(Title)  
of EVOLUTION CLINICAL TRIALS INC  
(Name of Corporation)  
P0000026654, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00****Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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