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To: Division of Corporations  
Fax Number : (850) 203-0383

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 686-3442

*7418-16498*

**LIMITED LIABILITY COMPANY**

**Visions Clinical Research-Sarasota, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
VISIONS CLINICAL RESEARCH-SARASOTA, LLC**

I, the undersigned authorized representative of the Sole Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
NAME**

The name of this Limited Liability Company is:

VISIONS CLINICAL RESEARCH-SARASOTA, LLC

**ARTICLE II  
ADDRESS**

The mailing address of the principal office is:

1630 South Congress Avenue, Suite 300  
Palm Springs, Florida 33461

**ARTICLE III  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV  
MANAGEMENT**

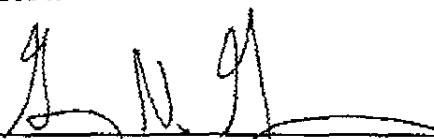
The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Sole Member and is, therefore, a member-managed company.

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IN WITNESS WHEREOF, the undersigned authorized representative of the Sole Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 3rd day of March, 2004.




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Gary N. Gerson, Authorized Representative of the  
Sole Member

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AND  
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

VISIONS CLINICAL RESEARCH-SARASOTA, LLC

2. The name and the Florida street address of the registered agent and office are:

Gary N. Gerson
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

[Handwritten signature of Gary N. Gerson]
Gary N. Gerson, Registered Agent

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