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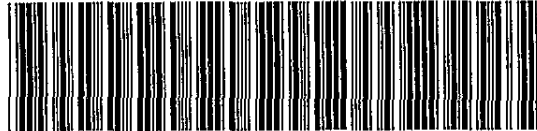
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CAPITAL CONNECTION, INC.

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Integrated Clinical

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

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ARTICLES OF ORGANIZATION
OF
INTEGRATED CLINICAL SOLUTIONS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes, Chapter 608 (the "Act"), hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **INTEGRATED CLINICAL SOLUTIONS, LLC** (hereinafter called "Company"). The principal place of business of the Company in Florida shall be in Brevard County.

ARTICLE II - ADDRESS

The mailing address and street address of the Company's principal office are:

Mailing Address:

360 Pebble Hill Way
Rockledge, Florida 32955

Street Address:

360 Pebble Hill Way
Rockledge, Florida 32955

ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State, and the Company shall exist perpetually unless the Company is dissolved as provided by law or its operating agreement.

ARTICLE IV - PURPOSES AND POWER

The general purpose for which the Company is organized is to: design, construct, own, use, buy, sell, lease, hire, deal in and with articles of property of all kinds, render services of all kinds, and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT


The name and street address of the registered agent of the Company in the State of Florida and principal office is:

Elizabeth M. Hanney
360 Pebble Hill Way
Rockledge, Florida 32955

ARTICLE VI - MANAGEMENT

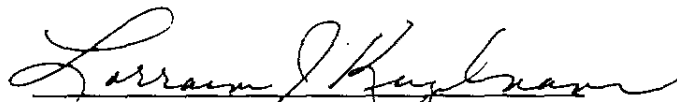
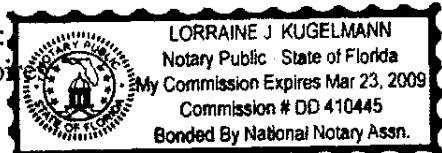
An operating agreement adopted by the members of the Company may contain any provision for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of all of the members of the Company has made and subscribed these Articles of Organization at Merritt Island, Florida, for the foregoing uses and purpose, on July 22, 2005.


Elizabeth M. Hanney
Organizer

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me on July 22, 2005, by Elizabeth M. Hanney, who is personally known to me or ✓ has produced the following form of identification: FL Drivers License.


Notary Public, State of Florida at Large
Printed Name:
Commission No:
Commission expires: 

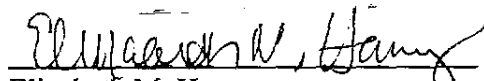
**CERTIFICATE OF DESIGNATION FOR
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF *FLORIDA STATUTES*, SECTION 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **INTEGRATED CLINICAL SOLUTIONS, LLC**
2. The name and address of the registered agent and office is:

Elizabeth M. Hanney
360 Pebble Hill Way
Rockledge, Florida 32955

Having been named as registered agent and to accept service of process of the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent.


Elizabeth M. Hanney


Date