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**Articles Of Organization
For
Florida Limited Liability Company

Clinical Monitoring Solutions, L.L.C.**

ARTICLE I - Name:

The name of the Limited Liability Company is *Clinical Monitoring Solutions, L.L.C.*

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6324 Raleigh Street #712
Orlando, Florida 32835

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than Perpetual.

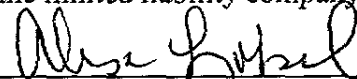
ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Alisa Lobel
6324 Raleigh Street #712
Orlando, Florida 32835

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.



Alisa Lobel, Organizer

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FL

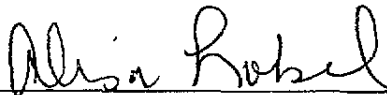
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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 Clinical Monitoring Solutions, L.L.C.
2. The name and the Florida street address of the registered agent is:

Alisa Lobel
6324 Raleigh Street #712
Orlando, Florida 32835

Having been named as registered agent and to accept service of process for 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 and accept the obligations of my position as registered agent.



Alisa Lobel, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent

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SECRETARY OF STATE
CLERK OF COURT