

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000105697  
FILED 8:00 AM  
October 28, 2005  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

NATURE COAST CLINICAL RESEARCH, LLC

**Article II**

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

411 W. HIGHLAND BLVD  
INVERNESS, FL. 34450

The mailing address of the Limited Liability Company is:

4085 UNIVERSITY BLVD S  
SUITE 1  
JACKSONVILLE, FL. 32216

**Article III**

The purpose for which this Limited Liability Company is organized is:

PHARMACEUTICAL RESEARCH CENTER

**Article IV**

The name and Florida street address of the registered agent is:

JACKSONVILLE CENTER FOR CLINICAL RESEARCH  
4085 UNIVERSITY BLVD S  
SUITE 1  
JACKSONVILLE, FL. 32216

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.

Registered Agent Signature: MICHAEL J KOREN

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JACKSONVILLE CENTER FOR CLINICAL RESEARCH  
4085 UNIVERSITY BLVD S, SUITE 1  
JACKSONVILLE, FL. 32216

Title: CEO  
MICHAEL J KOREN MD  
4085 UNIVERSITY BLVD S, SUITE 1  
JACKSONVILLE, FL. 32216

Title: MGRM  
ROWDA JOHN MD  
411 W HIGHLAND BLVD  
INVERNESS, FL. 34450

## **Article VI**

The effective date for this Limited Liability Company shall be:

10/22/2005

Signature of member or an authorized representative of a member

Signature: MICHAEL KOREN

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