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Fax Number : (850)205-0383

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603

SECRETARY OF STATE  
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**LIMITED LIABILITY COMPANY**

**CLINICAL RESEARCH ASSOCIATES, LLC**

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ARTICLES OF ORGANIZATION  
OF  
CLINICAL RESEARCH ASSOCIATES, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes, Chapter 608, hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE 1 – NAME

The name of the limited liability company is CLINICAL RESEARCH ASSOCIATES, LLC (the "Company").


ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Company is 2543 Burns Road, Palm Beach Gardens, FL 33410.

ARTICLE III – REGISTERED AGENT

The name of the registered agent of the Company in the State of Florida is Haile, Shaw & Pfaffenberger, P.A., and the street and mailing address is 660 No. 1, 3<sup>rd</sup> Floor, North Palm Beach, FL 33408

IN WITNESS WHEREOF, the undersigned has made, subscribed and affirmed these Articles of Organization, under the penalties of perjury, as the authorized representative of a member of the Company at North Palm Beach, Florida, this 18 day of November, 2005.

  
Oren S. Tasini, as Authorized  
Representative

ACCEPTANCE BY REGISTERED AGENT

THE UNDERSIGNED HEREBY accepts its appointment as Registered Agent of the aforesaid limited liability company. We are familiar with, and accept the obligations of Chapter 608 of the Florida Statutes.

Haile, Shaw & Pfaffenberger, P.A.

By:   
Name: Oren S. Tasini

Date: November 18<sup>th</sup>, 2005

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