

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

L06000119655
FILED 8:00 AM
December 18, 2006
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

CLINICAL RESEARCH CENTER, LLC

Article II

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

4920 SHADY RIVER LANE
FORT MYERS, FL. 33905

The mailing address of the Limited Liability Company is:

4920 SHADY RIVER LANE
FORT MYERS, FL. 33905

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

TALIA FERNANDEZ
4920 SHADY RIVER LANE
FORT MYERS, FL. 33905

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: TALIA FERNANDEZ

Article V

The name and address of managing members/managers are:

Title: MGR
TALIA FERNANDEZ
4920 SHADY RIVER LANE
FORT MYERS, FL. 33905

Title: MGR
ROBERT FERNANDEZ
4920 SHADY RIVER LANE
FORT MYERS, FL. 33905

Signature of member or an authorized representative of a member

Signature: TALIA FERNANDEZ

L06000119655
FILED 8:00 AM
December 18, 2006
Sec. Of State
nculligan