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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Clinical Trial Management, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

07 MAY 15 PM 2:54

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Clinical Trial Management, LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:6400 Congress Avenue, Suite 14006400 Congress Avenue, Suite 1400Boca Raton, FL 33487Boca Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Paul MahowaldName6400 Congress Avenue, Suite 1400(P.O. Box or Mail Drop Box NOT Acceptable)Boca Raton, FL 33487(City / State / Zip)

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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 as provided for in Chapter 608, F.S.


Registered Agent's Signature - Paul Mahowald

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Nathan E. Nachlas- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487

MGR

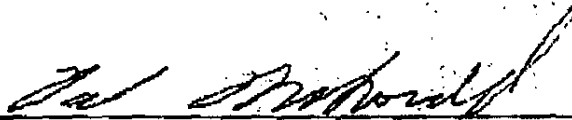
Paul Mahowald- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487

MGR

Marc Schlosser- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(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.)

Paul Mahowald

Typed or printed name of signee