

L07000127829

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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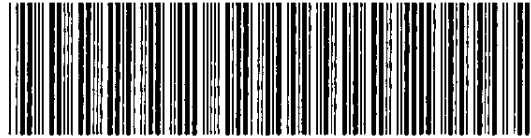
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

EFFECTIVE DATE 12/28/07

REFERENCE : 380797 82273A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

FILED
07 DEC 28 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 28, 2007

ORDER TIME : 3:51 PM

ORDER NO. : 380797-005

CUSTOMER NO: 82273A

DOMESTIC FILING

NAME: CLINICAL RESEARCH PARTNERS,
L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: _____

EFFECTIVE DATE 12/26/07

FILED
07 DEC 28 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
CLINICAL RESEARCH PARTNERS, L.L.C.

The undersigned authorized representative of a member subscribes to these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is: Clinical Research Partners, L.L.C.

ARTICLE II - TERM OF EXISTENCE

This limited liability company is to exist perpetually and shall commence existence on December 26, 2007.

ARTICLE III - NATURE OF BUSINESS

The general purposes for which the company is organized are:

1. To transact any and all lawful businesses for which a limited liability company may be formed under the laws of the State of Florida.
2. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE IV - ADDRESS

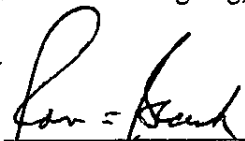
The street address of the initial principal office of the company is: 2602 San Domingo Street, Coral Gables, Florida 33134 and the name of its initial Registered Agent and his address are: Robert J. Black, 901 Ponce De Leon Boulevard, Penthouse Suite, Coral Gables, Florida 33134

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more member as provided in the Operating Agreement of the Company.

IN WITNESS WHEREOF, these Articles have been subscribed on this, the 26th day of December, 2007.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.



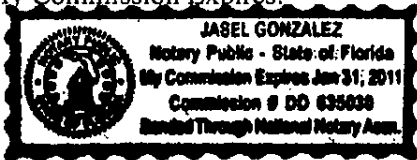
ROBERT J. BLACK-
AUTHORIZED REPRESENTATIVE OF
A MEMBER OF CLINICAL RESEARCH
PARTNERS, LLC

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE) SS:

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly appointed in the State and County named above to take acknowledgments, personally appeared, **ROBERT J. BLACK**, to me known to be the person described as the authorized representative of a Member of Clinical Research Partners, LLC in and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS, my hand and official seal in the County and State named above, this 26 day of December, 2007.

My Commission Expires:

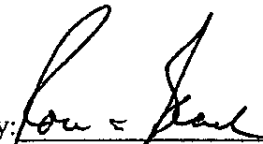




NOTARY PUBLIC, State of Florida

ACKNOWLEDGMENT:

HAVING BEEN NAMED TO ACCEPT THE SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THE CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF SAID ACT RELATIVE TO KEEPING SAID OFFICE OPEN.

By: 

ROBERT J. BLACK-
REGISTERED AGENT