

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

L08000012788
FILED 8:00 AM
February 05, 2008
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:
CLINICAL RESEARCH RESOURCES, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
5871 WILD OLIVE TERRACE
FORT MYERS, FL. US 33919

The mailing address of the Limited Liability Company is:
5871 WILD OLIVE TERRACE
FORT MYERS, FL. US 33919

Article III

The purpose for which this Limited Liability Company is organized is:
CLINICAL RESEARCH CONSULTANT.

Article IV

The name and Florida street address of the registered agent is:
BARRIE PHILLIPS
5871 WILD OLIVE TERRACE
FORT MYERS, FL. 33919

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: BARRIE PHILLIPS

Article V

The name and address of managing members/managers are:

Title: MGRM
BARRIE PHILLIPS
5871 WILD OLIVE TERRACE
FORT MYERS, FL. 33919 US

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Article VI

The effective date for this Limited Liability Company shall be:

02/04/2008

Signature of member or an authorized representative of a member

Signature: BARRIE M. PHILLIPS