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**FLORIDA LIMITED LIABILITY CO.
ATLANTIC CLINICAL RESEARCH COLLABORATIVE, LLC**

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APR 15 2010

EXAMINER

**ARTICLES OF ORGANIZATION
OF
ATLANTIC CLINICAL RESEARCH COLLABORATIVE, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file 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 is:

ATLANTIC CLINICAL RESEARCH COLLABORATIVE, LLC

**ARTICLE II
ADDRESS**

The mailing address of the principal office is:

8188 Jog Road, Suite 204
Boynton Beach, Florida 33461

**ARTICLE III
DURATION**

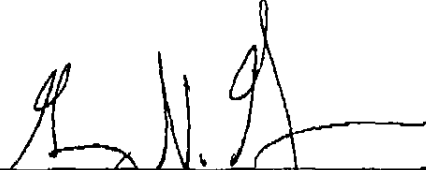
The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its manager and is, therefore, a manager-managed company.

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IN WITNESS WHEREOF, the undersigned authorized representative of the members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 14 day of April, 2010.



Gary N. Gerson, Authorized Representative of the
Members

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.**

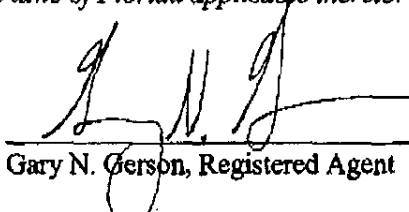
1. The name of the Limited Liability Company is:

ATLANTIC CLINICAL RESEARCH COLLABORATIVE, LLC

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

Gary N. Gerson
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



Gary N. Gerson, Registered Agent