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Florida Department of State
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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
REGENERATE CLINICAL TRIALS LLC

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

REGENERATE CLINICAL TRIALS LLC

ARTICLE II ADDRESS

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

6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

JOSE DAVID SUAREZ
6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

Having been named as registered agent 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.

X 
JOSE DAVID SUAREZ / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

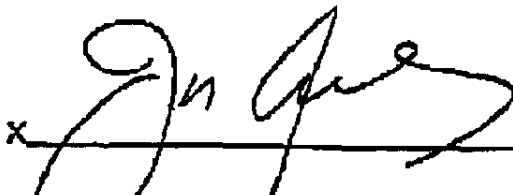
ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JOSE DAVID SUAREZ MD
6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

MANAGING MEMBER
YAQUELIN C RODRIGUEZ
6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

MANAGING MEMBER
JOSEFINA LOZANO MD
6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

.....

x  _____

Signature of a member or an 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.

JOSE DAVID SUAREZ MD