SHER GARNER CAHILL RICHTER

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July 8, 1999

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

RE:

Registration of:

Clinical Research Center of Florida, L.C. Florida Medical Management, L.C.

Dear Sir or Madam:

Enclosed please find a set of the following documents for each of the two above-referenced entities.

- Application By Foreign Limited Liability Company For Authority to Transact 1. Business in Florida.
- Certificate of Existence from the Louisiana Secretary of State dated July 1, 1999 2.
- Affidavit of Membership and Contributions of Foreign Limited Liability Company. 3.
- Certificate of Designation of Registered Agent/Registered Office. 4.

Please register each entity in the State of Florida and return the two letters of acknowledgment to me. Also enclosed is our check in the amount of \$570 to cover the cost of registration for the two entities. If you have any questions regarding the above request, please call me at (504) 299-2205.

Very truly yours,

Beryl Hebert Legal Secretary

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clinical Research Center of F	lorida, L.C	· · · ·	* •
(Name of foreign limited liability company must so contained in the name at present.)	end with the wo	ds "limited company" or their ab	breviation "L.C." if not
louisiana	3	72-1447470	
(Jurisdiction under the law of which foreign limit company is organized)		(FEI number, if ap	oplicable)
• May 11. 1999	· · · <u>· · 5</u> .	December 31, 209	9
(Date of Organization)	<u> </u>	(Duration: Year limited liability exist or "perpetual")	company will cease to
. <u>Has not yet transacted busine</u>	ss in Flori	.da	
(Date first transacted business in	Florida. (See se	ctions 608.501, 608.502, and 817	7.155, F.S.)
1500 Energy Centre, 1100 Poyd	rac Stroot		e jeg
	ras screet		্র
New Orleans, Louisiana 7016	3		
(S		principal office)	
•			الله الله الله الله الله الله الله الله
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
			and the second second
Florida Medical Management, L.C. 1500 Energy Centre, 1100 Poydras	Manager S+		
New Orleans, Louisiana 70163			
			·- · · · · · · · · · · · · · · · · · ·
			 · .
			

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member ofClinical	ıl Research
Center of Florida, L.C. certifies:	<u></u> .
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>100,000.00;</u>
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	ed \$ <u>100,000.00</u>
(This total includes amounts from 2 and 3 above.)	
Si di Asia	3 75
Signature of a member or an authorized representative of a member of a mathematical representative of a member of an accordance with section 608.408(3); Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Florida Medical Management, L.C./By: Its Manager, Voelk	er

Filing Fee: \$250.00 for Application and Affidavit

Typed or printed name of signee

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 Co	mpany is:				
Clinica	al Research Center (of Florida, L.C	• • • • •	···		
2. The name and	d the Florida street addre	ess of the registered	d agent and office are:			
				(*** <u>)</u>		
	Dr. Dinon Sun			જ કેં,		
		(Name)		- 9 3		
10 miles		4,	***	-		
5806 Lake Underhill Road Florida street address (P.O. Box NOT ACCEPTABLE)						
				• •		
	Orlando	FL	32807	ယ ်က တ		
		City/State/Zin)	— najar a song		

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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

CLINICAL RESEARCH CENTER OF FLORIDA, L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 11, 1999,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Jox M. 1999 Than

CAS 34788663K
Secretary of State

