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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SU	BJE(et:(CRESCENT CLINI	CAL RESEARC	H, INC.	- -		
Enc	closed	l is an origin	(Proposed corporate and one(1) copy of the article		10000312 -02/07/00- *****87.5	01091-	1 ——9 021 **87.50	
		了\$70.00 Tiling Fee SNA	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO				
	00 FEB -7 PM (2: 15	DIVISION OF CORPORATION TALLAHASSEE OND TALLAHASSEE OND SIDER ON TALLAHASSEE ON T	Pensacola, For (850) 67	Slowl inted or typed) DO 86 ddress C 32503 - 1 State & Zip 3 - 4708 dephone number	SECRETARY OF STATE TALLAHASSEE, FLORIDA	00 FEB -7 PM 12: 33	APPROVED	
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NOTE: Please provide the original and one copy of the articles.

02-7-02 CB.

ARTICLES OF INCORPORATION

APPROVED AND FILED

-	orporator, for the purpose of forming a corporation under the Florida n Act, hereby adopts the following Articles of Incorporation.
ADDICATION	27.4.3.672

00 FEB -7 PM 12: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Crescent Clinical Research, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P. D. Box 30086 Pensacola, FC 32503-1086

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(1,000) one-thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are;

Jennifer Tislow 1914 Lodgepole Drive Milton FZ 32583

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jennifer Tislow P. O. Box 30086 Pensacola, FL 32503-1086

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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 Registered Agent

Signature/Incorporator

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