

TRANSMITTAL LETTER

P02000084724

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

SUBJECT: Clinical Compliance Concepts, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500006899485--9
-08/05/02--01054--018
*****78.75 *****78.75

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Tammie L. Hilton
Name (Printed or typed)
5015 Bradbie Lane
Address
Cocoa, FL 32926
City, State & Zip
(407) 493-4704
Daytime Telephone number

FILED
2002 AUG -5 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

0806-02 /

ARTICLES OF INCORPORATION

CLINICAL COMPLIANCE CONCEPTS, INC.

(Name of the Corporation)

The undersigned subscribers(s) to these Articles of Incorporation, natural person (s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name and address of the corporation is:

Clinical Compliance Concepts, Inc.
5015 Bradbie Lane
Cocoa, FL 32926

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ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE hundred shares (100) of one-dollar (s) (\$1.00) par value common stock, which shall be designated "common shares".

ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT

The principal office if known, or the mailing address of the corporation is:

NAME: CLINICAL COMPLIANCE CONCEPTS, INC.

ADDRESS: 5015 Bradbie Lane
Cocoa, FL 32926

The name and street address of the Initial Registered Agent of the Corporation is provided below. The address of the registered agent is the same as the corporation.

NAME: TAMMIE HILTON
ADDRESS: 5015 Bradbie Lane
Cocoa, FL 32926

ARTICLE VI – INITIAL BORAD OF DIRECTORS

This corporation shall have Two (2) director (s) initially. The number of directors may be either increased or diminished from time to time by the BY-LAWS, but shall never be less than ONE (1). The name(s) and address(s) of the initial director(s) of the corporation are as follows:

NAME:	TAMMIE HILTON	CAROLYN HATTAWAY
ADDRESS:	5015 Bradbie Lane Cocoa, FL 32926	5015 Bradbie Lane Cocoa, FL 32926

ARTICLE VII – INCORPORATORS

The name(s) and address (es) of the incorporator (s) signing this Article of Incorporation are as follows:

NAME: TAMMIE HILTON

ADDRESS: 5015 Bradbie Lane
Cocoa, FL 32926

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this day August 1st, 2002

Tammie Hilton (Sign)
____ (Sign)

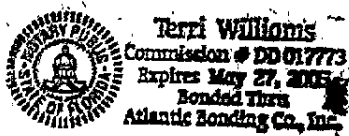
STATE OF FLORIDA
COUNTY Orange

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared TAMMIE HILTON known to me and known to be the person(s) who executed the foregoing Articles of Incorporation and who acknowledged before me that she executed these Articles of Corporation.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE State and County aforesaid, this 8/1/02 day of August 2002.

Terri Williams
(Notary Public)

NOTARY SEAL



CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

**CERTIFICATE OF REGISTERED AGENT
OF**

CLINICAL COMPLIANCE CONCEPTS, INC.

(Name of the Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with its
registered office as indicated in the Articles of Corporation

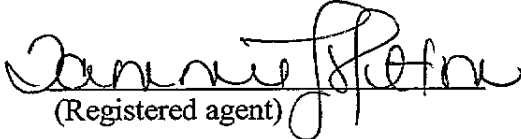
at 5015 Bradbie Lane
Cocoa, FL 32926

has named TAMMIE HILTON

Located at the aforesaid address, as its Registered Agent to accept service of process within the
state.

ACKNOWLEDGMENT

Having been named as registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obligations of
the position, I hereby accept to act in this capacity, and agree to comply with the provisions of
Florida Law in keeping open said office.


(Registered agent)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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