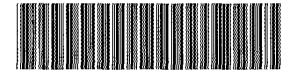
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NonProfit	Resignation of R.A., Officer/Director
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Other	Merger
OTHER FILNGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
<del>-</del>	Other

## - ורכ

### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Article of Incorporation.

### <u>ARTICLE I-NAME</u>

The name of the corporation shall be:

Aurora Clinical Trials, Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

2348 NW 7<sup>th</sup> Street Miami, FL 33156 03 AUG 27 PM 2: 27
SECRETARY OF STATE

### ARTICLE III - SHARES

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

100

## ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Roberto Jimenez 2829 Indian Creek Drive #710 Miami Beach, FL 33140

The undersigned incorporator has executed these articles of incorporation this 26th day of August, 2003.

ARTICLE V INCORPORATOR

Roberto Jimenez 2829 Indian Creek Drive Apt #710 Miami Beach, FL 33140

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

## <u> ARTICLE VI – DIRECTOR</u>

The name(s) and street address(es) of the director(s) to these Articles of incorporation is (are):

> Roberto Jimenez, President 2829 Indian Creek Drive Apt #710 Miami Beach, FL 33140

## CERTIFICATE OF RESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 he provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Agent Signature