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(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: Accurate Clinical Trials, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Charles E. Bailey

Name (Printed or typed)

213 Ridge Road

Address

Lake Mary, FL 32746-2709

City, State & Zip

407-322-2350

Daytime Telephone number

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Accurate Clinical Trials, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

213 Ridge Road
Lake Mary, FL 32746-2709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Testing *Research*

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s)

Charles E. Bailey, President
213 Ridge Road
Lake Mary, FL 32746-2709

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

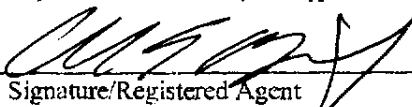
Charles E. Bailey
213 Ridge Road
Lake Mary, FL 32746-2709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles E. Bailey
213 Ridge Road
Lake Mary, FL 32746-2709

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Signature/Registered Agent

2/3/05

Date



Signature/Incorporator

2/3/05

Date