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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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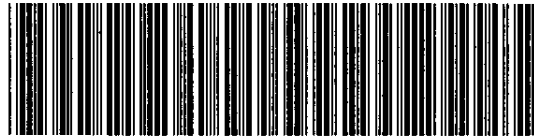
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

ep 9/22/08

## COVER LETTER

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

**SUBJECT:** Florida Clinical Research Institute, Inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

U \$70.00      U \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

U \$78.75	U \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:**  
Doralba Munoz, MPH, President and Chief Executive Director  
Name (Printed or typed)

**Florida Clinical Research Institute, Inc.**

**721 NW 21 Court,**

\_\_\_\_\_  
Address

**Miami, Florida 33125**

\_\_\_\_\_  
City, State & Zip

  
Signature/Incorporator

9/8/2008  
Date

(305) 915-8948

\_\_\_\_\_  
Daytime Telephone number

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

**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:

**Florida Clinical Research Institute, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

**721 NW 21 Court, Miami, Florida 33125**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:


**Conduct Clinical Trial Research**

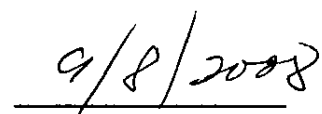
**ARTICLE IV SHARES**

The number of shares of stock is:

**One Hundred**

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TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

Date

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

- Doralba Munoz, MPH, President and CEO, 3650 NW 19 Terrace, Miami, Florida 33125
- Pierre Crego, Vice-President, 187-3 North Shore Drive, Miami Beach, Florida 33141
- Tomas Asusta, Treasurer, 4110 Riviera Drive, Coral Gables, Florida 33146
- Nora Wilshire-Hernandez, Secretary, 3650 NW 19 Terrace, Miami, Florida 33125
- Ramon Soto, Member, 2539 South Bayshore Drive, Apt- 109, Miami, Florida 33133

Signature/Incorporator

September 8<sup>th</sup>, 2008

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Doralba Munoz, MPH, President and Chief Executive Director 3650 NW 19 Terrace, Miami Florida 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Doralba Munoz, MPH, President and Chief Executive Officer, 3650 NW 19 Terrace, Miami, Florida 33125

\*\*\*\*\*

Signature/Incorporator

/REGISTERED AGENT

9/8/2008  
Date