9/27/96

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DIVISION OF CORPORATIONS TO:

FAX #1 (984)922-4881

FROM: FAS-T CORP. AGENTS, INC.

ACCT#1 071001002335

FERNANDEZ CONTACT: LIDIA

PHONE: (305)559-0639

FAX #: (305)592-9591

NAME: CLINICAL RESCURCES MANAGEMENT, INC.

AUDIT NUMBER..... H96000013603

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS.. Ø

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF CLINICAL RESOURCE MANAGEMENT, INC.

ARTICLE I - NAME

The name of this corporation is CLINICAL RESOURCE MANAGEMENT, INC.

ARTICLE II- DURATION

This corporation is to have perpetual existence commencing September 27, 1996.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 500 shares of One (\$1.00) Doilar per value common stock. The whole or any part of the capital stock of this corporation shall be psyable in lawful money of the United States of America or property, labor or services at a valuation to be fixed by the Director.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal office of this corporation is 3191 Coral Way, 3rd Floor, Miami, Florida 33145 and the name and address of the initial registered agent is Eduardo R. Lacasa, Esq., 3191 Coral Way, 3rd Floor, Miami, Florida.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 director initially. The number of directors may be increased by the By-Laws to seven directors but shall never be less than one. The name and

Prepared by: Armando E. Lacasa, Esq. 3191 Coral Way, 3rd Floor Miami, Fl 33145 (305) 443-6163 PBN 232203

address of the initial director of this corporation is Gabriel J. Oti, 1711 Segovia Street, Coral Gables. Florida 33134

ARTICLE VII - INCORPORATION

The name and address of the person signing these Articles is Gabriel J. Oti, 1711 Segovia Street, Coral Gables, Florida 33134.

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

ARTICLE IX - OFFICERS

This corporation shall initially have I officer consisting of a President/Secretary. The number and type of officers may be changed from time to time by the bylaws, but shall never be less than one officer consisting of a President/Secretary. The name and addresses of the officer is Gabriel J. Oti, 1711 Segovia Street, Coral Gables, Florida 33134

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles 27th of Incorporation this 26th day of September, 1996.

Gabriel J. Oti

1196000013603

STATE OF FLORIDA

: SS:

COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Gabriel J. Oti, knows to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: Personally Kuster and that an oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid this 2?**
day of September, 1996.

Notary Signature

Printed Notary Signature

OFFICE OFFICIAL MOTARY SEAL MINIAM MEJIOD COMMISSION NUMBER CG227802 MY COMMISSION SUP OCT. 28,1968

H96000013603

ACCEPTANCE OF REGISTERED AGENT

The undersigned,

hereby accepts the designation as Registered Agent for CLINICAL RESOURCE MANAGEMENT, INC.,

DATED: September 26, 1996

EDUARDO R. LACASA

This instrument prepared by:

Armando E. Lacasa, Esq. Lacasa & Associates 3191 Coral Way, 3rd Floor Miami, Florida 33145 (305) 443-6163 FBN 232203 96 SEP 27 PH 5: 08
SECRETARY OF STATE