P98000092599

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

000002676480--3 -10/30/98--01025--016 *****87.50 *****87.50

SUBJECT:	Core Clinical Res (Proposed corpor	search, Inc. rate name - must include suf	fix)	 .	
EFFECTIVE DATE	•				
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificat Status PY REQUIRE	te of	
FROM		der inted or typed)	. .		
	5400 Leitner Dr.	ive East	-	70 C	-
	Coral Springs,		SELEHTH 33	FIL 98 OCT 30 SECRETARY	
	(954) 752-0856	State & Zip	ce, FLORDA	OF STATE	
			-	· ·	

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Core Clinical Research, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5400 Leitner Drive East Coral Springs, Florida 330.67

ARTICLE III **SHARES**

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Wendy R. Schneider 5400 Leitner Drive East Coral Springs, Florida 33067

INCORPORATOR ARTICLE V

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Wendy R. Schneider 5400 Leitner Drive East Coral Springs, Florida 33067

ARTICLE	VΙ	EFFECTIVE DATE

November 2, 1998

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent