

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014962

1. Entity Name
VISIONS CLINICAL RESEARCH, LLC



Principal Place of Business
**1630 S. CONGRESS AVE
SUITE 300
PALM SPRINGS, FL 33461**

Mailing Address
**1630 S. CONGRESS AVE
SUITE 300
PALM SPRINGS, FL 33461**



01282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139849

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AQUA, KEITH
1630 S. CONGRESS AVE
SUITE 300
PALM SPRINGS, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AQUA, KEITH A MD
1630 S CONGRESS AVE STE 300
PALM SPRINGS, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERBST, SETH J MD
1630 S CONGRESS AVE STE 300
PALM SPRINGS, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

NOV0000310360
04/18/05-80005-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/16/05

Date

561.964.7880

Daytime Phone #