

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L01000014962

1. Entity Name
VISIONS CLINICAL RESEARCH, LLC



Principal Place of Business
**8188 JOG ROAD
SUITE 204
BOYNTON BEACH, FL 33473**

Mailing Address
**8188 JOG ROAD
SUITE 204
BOYNTON BEACH, FL 33473**



03272007 No Chg-LLC

CR2E083 (11/05)

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
8188 JOG ROAD
SUITE 204
BOYNTON BEACH, FL 33473**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AQUA, KEITH A MD 8188 JOG ROAD SUITE 204 BOYNTON BEACH, FL 33473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERBST, SETH J MD 8188 JOG ROAD SUITE 204 BOYNTON BEACH, FL 33473
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05/18/07-80084-009 150.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/24/07