

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-13-2008 90065 043 ***138.75

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

30009130



04062008 No Chg-LLC

CR2E083 (12/07)

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 the filer if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE _____

FILE NOW!!! FEB IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME AQUA, KEITH A MD
STREET ADDRESS 8188 JOG ROAD SUITE 204
CITY-ST-ZIP BOYNTON BEACH, FL 33473

TITLE MGRM
NAME HERBST, SETH J MD
STREET ADDRESS 8188 JOG ROAD SUITE 204
CITY-ST-ZIP BOYNTON BEACH, FL 33473

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/21/08