

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90002 035 \*\*\*\*\*50.00

DOCUMENT # L01000014962

1. Entity Name

VISIONS CLINICAL RESEARCH, LLC



Principal Place of Business

10115 FOREST HILL BOULEVARD, SUITE 400  
WELLINGTON FL 33414

Mailing Address

10115 FOREST HILL BOULEVARD, SUITE 400  
WELLINGTON FL 33414

2. Principal Place of Business

1630 S. Congress Ave

3. Mailing Address

1630 S. Congress Ave

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Palm Springs FL

City & State

Palm Springs FL

Zip

33461

Country

USA

Zip

33461

Country

USA

4. FEI Number 65-1139849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AQUA, KEITH

10115 FOREST HILL BOULEVARD, SUITE 400  
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

1630 S. Congress Ave

Suite 300

City

Palm Springs

FL

Zip Code

33461

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

9/23/03

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME AQUA, KEITH A MD  
STREET ADDRESS 10115 FOREST HILL BLVD #400  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1630 S. Congress Ave, Ste 300  
CITY-ST-ZIP Palm Springs FL 33461 ☒ Change ☐ Addition

TITLE MGR  
NAME HERBST, SETH J MD  
STREET ADDRESS 10115 FOREST HILL BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1630 S. Congress Ave, Ste 300  
CITY-ST-ZIP Palm Springs FL 33461 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE REQUIRED

9/23/03

561-964-7880

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

Date

Daytime Phone #

CR2E083 (4/03)