2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009460

Entity Name: VISIONS CLINICAL RESEARCH TUCSON, LLC

FILED Mar 26, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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5656 GRANT RD, # 450 TUCSON, AZ 85712

Current Mailing Address: New Mailing Address:

1630 S CONGRESS AVE, STE 300 8188 JOG ROAD PALM SPRINGS, FL 33461 SUITE 204

BOYNTON BEACH, FL 33473

FEI Number: 20-0684903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERSON, GARY N 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 AQUA, KEITH MD
 Name:
 AQUA, KEITH MD

 Address:
 1630 S CONGRESS AVE, #300
 Address:
 8188 JOG ROAD SUITE 204

 City-St-Zip:
 PALM SPRINGS, FL 33461
 City-St-Zip:
 BOYNTON BEACH, FL 33473

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: HERBST, SETH MD Name: HERBST, SETH MD

 Address:
 1630 S CONGRESS AVE, STE 300
 Address:
 8188 JOG ROAD SUITE 204

 City-St-Zip:
 PALM SPRINGS, FL 33461
 City-St-Zip:
 BOYNTON BEACH, FL 33473

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GOLDBERG, CYNTHIA MD
 Name:

 Address:
 5656 GRANT RD, # 450
 Address:

 City-St-Zip:
 TUCSON, AZ 85712
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GOLDBERG, STEVEN MD
 Name:

 Address:
 5656 GRANT RD, # 450
 Address:

 City-St-Zip:
 TUCSON, AZ 85712
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH A AQUA MD 03/26/2006