


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000009460 1. Entity Name VISIONS CLINICAL RESEARCH TUCSON, LLC	
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Principal Place of Business 5656 GRANT RD, # 450 TUCSON, AZ 85712	Mailing Address 8188 JOG ROAD SUITE 204 BOYNTON BEACH, FL 33473
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03272007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0684903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GERSON, GARY N 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401
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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**

U000000750980
05/18/07-80084-009 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AQUA, KEITH MD 8188 JOG ROAD SUITE 204 BOYNTON BEACH, FL 33473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERBST, SETH MD 8188 JOG ROAD SUITE 204 BOYNTON BEACH, FL 33473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, CYNTHIA MD 5656 GRANT RD, # 450 TUCSON, AZ 85712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, STEVEN MD 5656 GRANT RD, # 450 TUCSON, AZ 85712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  **5/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #