


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

05-12-2008 90121 003 ***138.75

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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DO NOT WRITE IN THIS SPACE

30005100



04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0684903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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:  **5/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #