

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016937

FILED
Mar 26, 2006
Secretary of State

Entity Name: VISIONS CLINICAL RESEARCH-SARASOTA, LLC

Current Principal Place of Business:

1961 FLOYD STREET A
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1630 S CONGRESS AVE, STE 300
PALM SPRINGS, FL 33461

New Mailing Address:

8188 JOG ROAD
SUITE 204
BOYNTON BEACH, FL 33473

FEI Number: 20-0837541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: AQUA, MD, KEITH
Address: 1630 S. CONGRESS AVE., SUITE 300
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGRM () Delete
Name: HERBERT, MD, SETH
Address: 1630 S. CONGRESS AVE., SUITE 300
City-St-Zip: PALM SPRINGS, FL 33461

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AQUA, MD, KEITH
Address: 8188 JOG ROAD SUITE 20
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM (X) Change () Addition
Name: HERBERT, MD, SETH
Address: 8188 JOG ROAD SUITE 204
City-St-Zip: BOYNTON BEACH, FL 33473

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

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date