05-02-2006 90045 018 ****55.00
L05000100097

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100097

1. Entity Name
INSTITUTE FOR IMMERSIVE VISUALIZATION, LLC

Principal Place of Business
800 MEADOWS ROAD
BOCA RATON, FL 33486

Mailing Address
800 MEADOWS ROAD
BOCA RATON, FL 33486

FILED
2006 MAY 30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 33-1136679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RISNER, PAUL E ESQ
800 MEADOWS ROAD
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/~~MANAGERS~~		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eugene M. and Christine E. Lynn Clinical Research Institute, LLC ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EUGENE M. and Christine E. Lynn Clinical Research Institute, LLC 800 Meadows Rd. Boca Raton FL 34846 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800 Meadows Road Boca Raton FL 34846 ☐ 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
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 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: [signature] 4/28/06 (561) 955-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT 20043333

#L05000100097

PLEASE RETURN
CERTIFICATE OF STATUS TO:

DEBBIE L. GALLUZZO
ADMINISTRATION DEPT.
BOCA RATON COMMUNITY
HOSPITAL
800 MEADOWS ROAD
BOCA RATON, FLORIDA 33498

THANK YOU