

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000052611

FILED
Apr 30, 2012
Secretary of State

Entity Name: VISIONARY CLINICAL RESEARCH SOLUTIONS, LLC

Current Principal Place of Business:

900 PARK CENTER BOULEVARD
SUITE 400
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

900 PARK CENTER BOULEVARD
SUITE 400
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 45-3806141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANDYA, ADHI DR.
9260 GETTYSBURY ROAD
BOCA RATON, FL 33434 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: MGRM
Name: PANDYA, ABHI DR.
Address: 9260 GETTYSBURY ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM
Name: BAROT, YASH
Address: 3864 HAMILTON KEY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM
Name: NEDD, KESTER DR.
Address: 900 PARK CENTER BOULEVARD SUITE 400
City-St-Zip: MIAMI GARDENS, FL 33169

Title: MGRM
Name: RUBIN, BRUCE DR.
Address: 900 PARK CENTER BOULEVARD SUITE 400
City-St-Zip: MAIMI GARDENS, FL 33169

Title: MGRM
Name: COY, KEVIN DR.
Address: 900 PARK CENTER BOULEVARD SUITE 400
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby 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: YASH BAROT

MGRM

04/30/2012

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