

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022397

**FILED**  
**Feb 17, 2017**  
**Secretary of State**  
**CC9185665852**

**Entity Name:** OCULOS CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 2010  
TAMPA, FL 33602

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 2010  
TAMPA, FL 33602 US

**FEI Number:** 27-5080851

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLEMAN, DREY V  
400 N. ASHLEY DRIVE  
SUITE 2010  
TAMPA, FL 33602 US

*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:** DREY V COLEMAN

02/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name POINT GUARD PARTNERS LLC  
Address 400 NORTH ASHLEY DRIVE  
SUITE 2150  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name BARRY , BUTLER MGRM  
Address 400 N. ASHLEY DR. SUITE 2010  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY BUTLER

MGRM

02/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date