

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033356

Entity Name: BIOVANTRA, LLC

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4600 S.W. 46TH CT., BLDG 200, STE 160  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 772287  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 26-2324607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCKE, DONALD R M.D.  
4600 SW 46TH COURT  
BLDG 200, STE 160  
OCALA, FL 34474 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: CONSILIENCE, LLC  
Address: P.O. BOX 772947  
City-St-Zip: OCALA, FL 34477

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: D RUSSELL LOCKE, MD

MGRM

03/13/2012

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