

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022397

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** OCULOS CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 1950  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 1950  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 27-5080851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, BARRY S  
16421 BURNISTON DRIVE  
TAMPA, FL 33647 US

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

BUTLER, BARRY S  
400 N. ASHLEY ST., SUITE 1950  
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: BARRY BUTLER

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POINT GUARD PARTNERS LLC  
Address: 400 NORTH ASHLEY DRIVE - SUITE 1950  
City-St-Zip: TAMPA, FL 33602

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: DREY COLEMAN (POINT GUARD PARTNERS LLC)

MGRM

04/24/2012

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