

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032263

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** INSTITUTE OF TRANSLATIONAL MEDICINE LLC

**Current Principal Place of Business:**

4309 SW 77TH STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

4309 SW 77TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 45-0645412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

YAMAMOTO, JANET K.  
4309 SW 77TH STREET  
GAINESVILLE, FL 32608      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:** YAMAMOTO, JANET K.  
**Address:** 4309 SW 77TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** MGRM  
**Name:** DAME, JOHN BARTON  
**Address:** 3321 NW 26TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** MGRM  
**Name:** ABBOTT, JEFFREY ROY  
**Address:** 6036 NW 44TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32606

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:** JANET K YAMAMOTO

MGRM

02/10/2012

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