

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000090039

Entity Name: OCULARPEUTICS, LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5726 SOUTHWEST 27TH STREET, STE. 3  
WEST PARK, FL 33023

**New Principal Place of Business:**

5726 SOUTHWEST 27TH STREET  
WEST PARK, FL 33023 US

**Current Mailing Address:**

5726 SOUTHWEST 27TH STREET, STE. 3  
WEST PARK, FL 33023

**New Mailing Address:**

5726 SOUTHWEST 27TH STREET  
WEST PARK, FL 33023 US

FEI Number: 37-1645726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, ARVIN M  
4050 SOUTHWEST 27TH STREET  
WEST PARK, FL 33023 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: MORGAN, ARVIN M  
Address: 4050 SOUTHWEST 27TH STREET  
City-St-Zip: WEST PARK, FL 33023 US

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: ARVIN MORGAN

MGRM

04/28/2012

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