

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005633

FILED
Jan 27, 2006
Secretary of State

Entity Name: DENTAL SPECTRUM LABORATORY, LLC

Current Principal Place of Business:

4525 NORTH POINE ISLAND
STE A
SUNRISE, FL 33351

New Principal Place of Business:

4525 NORTH PINE ISLAND
STE A
SUNRISE, FL 33351

Current Mailing Address:

4525 NORTH POINE ISLAND
STE A
SUNRISE, FL 33351

New Mailing Address:

4525 NORTH PINE ISLAND
STE A
SUNRISE, FL 33351

FEI Number: 75-3025517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACHECO, FERNANDO E
4525 NORTH PINE ISLAND RD STE A
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

PACHECO, FERNANDO E
4525 NORTH PINE ISLAND RD
SUITE A
SUNRISE, FL 33351 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:

01/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PACHECO, FERNANDO
Address: 4525 N PINE ISLAND RD STE A
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FERNANDO PACHECO

MGRM

01/27/2006

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