

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005633

FILED  
Aug 10, 2008  
Secretary of State

Entity Name: DENTAL SPECTRUM LABORATORY, LLC

## Current Principal Place of Business:

4525 NORTH PINE ISLAND  
STE A  
SUNRISE, FL 33351

## New Principal Place of Business:

3900 NW 76 AVE  
# 113  
SUNRISE, FL 33351

## Current Mailing Address:

4525 NORTH PINE ISLAND  
STE A  
SUNRISE, FL 33351

## New Mailing Address:

3900 NW 76 AVE  
# 113  
SUNRISE, FL 33351

FEI Number: 75-3025517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PACHECO, FERNANDO E  
3900 NW 76 AVE  
# 113  
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:

08/10/2008

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: MGRM (X) Change ( ) Addition  
Name: PACHECO, FERNANDO  
Address: 3900 NW 76 AVE # 113  
City-St-Zip: SUNRISE, FL 33351

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

MANA

08/10/2008

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