

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094367

FILED
Jul 17, 2006
Secretary of State

Entity Name: SOUTHWEST DENTAL LAB, LLC

Current Principal Place of Business:

19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33912

New Principal Place of Business:

19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33967

Current Mailing Address:

19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33912

New Mailing Address:

19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33967

FEI Number: 20-2129174 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:

OTTO, RENEE D
19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

OTTO, RENEE D
19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33967 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: _____

07/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNE () Change (X) Addition
Name: OTTO, RENEE D
Address: 19225 MURCOTT DRIVE WEST
City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the 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: RENEE D. OTTO

OWNE

07/17/2006

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