2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# L04000094367

Entity Name: SOUTHWEST DENTAL LAB, LLC

Current Principal Place of Business:

19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33967

New Principal Place of Business:

233 NORTH MONROE AVE
ARCADIA, FL 34266

Current Mailing Address:

19225 MURCOTT DRIVE WEST
FORT MYERS, FL 33967

New Mailing Address:

233 NORTH MONROE AVE
ARCADIA, FL 34266

FEI Number: 20-2129174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OTTO, RENEE D
233 NORTH MONROE AVE.
ARCADIA, FL 34266 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: 04/01/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition
Name: OTTO, RENEE D
Address: 233 NORTH MONROE AVE
City-St-Zip: ARCADIA, FL 34266

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: RENEE D. OTTO OWNE 04/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date