2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 23, 2006
Secretary of State

DOCUMENT# L05000108704

Entity Name: INSTITUTE FOR GUIDED IMPLANT SURGERY, LLC

Current Principal Place of Business:

11945 SAN JOSE BLVD., SUITE 101
JACKSONVILLE, FL 32223

New Principal Place of Business:

11945 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32223

Current Mailing Address:

11945 SAN JOSE BLVD., SUITE 101
JACKSONVILLE, FL 32223

New Mailing Address:

11945 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32223

FEI Number: 02-0376763 **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:

YOUNG, BRIAN T
11945 SAN JOSE BLVD., SUITE 101
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

YOUNG, BRIAN T
11945 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32223 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: BRIAN T. YOUNG, DDS, MS 09/23/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YOUNG, BRIAN T
Address: 11945 SAN JOSE BLVD., SUITE 101
City-St-Zip: JACKSONVILLE, FL 32223

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 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: BRIAN T. YOUNG, DDS, MS MGRM 09/23/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date