2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074454

Entity Name: BLUEDENT PROSTHETICS, LLC

FILED Aug 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2965 DUFF ROAD

LAKELAND, FL 33810 US

Current Mailing Address: New Mailing Address:

2965 DUFF ROAD P O BOX 92781

LAKELAND, FL 33804 US LAKELAND, FL 33810 US

FEI Number: 26-0555863 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: Name and Address of New Registered Agent:

BRYANT, THOMAS J CPA 4250 S FLORIDA AVE SUITE 2 LAKELAND, FL 33813 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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Change () Addition () Delete

HEBERT, DONALD A Name: Name: Address: 733 CARPENTERS WAY, #38 Address: City-St-Zip: LAKELAND, FL 33809 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: WHITE, RICHARD C Name: WHITE, RICHARD C Address: P O BOX 92781 Address: 8343 CHANCE DR. City-St-Zip: LAKELAND, FL 33804 US City-St-Zip: LAKELAND, FL 33809 US

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: RICHARD WHITE **MGRM** 08/28/2008