2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L07000088312

Entity Name: COMPLETE DENTAL SOLUTIONS, LLC

Current Principal Place of Business:

5304 MANATEE AVENUE WEST
BRADENTON, FL 34209

New Principal Place of Business:

6404 MANATEE AVENUE WEST
SUITE # V
BRADENTON, FL 34209

Current Mailing Address:

5304 MANATEE AVENUE WEST
BRADENTON, FL 34209

New Mailing Address:

6404 MANATEE AVENUE WEST
SUITE # V
BRADENTON, FL 34209

FEI Number: 26-0796396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OZARK, DAMIAN M
2816 MANATEE AVENUE WEST
MANATEE, FL 34205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JENSEN, DAVID W
Address: 5304 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: MGRM ( ) Delete
Name: GRIMES, ERIC T
Address: 5304 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRIMES, ERIC T
Address: 6404 MANATEE AVENUE WEST, SUITE V
City-St-Zip: BRADENTON, FL 34205

Title: MGRM (X) Change ( ) Addition
Name: JENSEN, DAVID W
Address: 6404 MANATEE AVENUE WEST, SUITE V
City-St-Zip: BRADENTON, FL 34205

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: ERIC T GRIMES MGR 01/13/2009

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