2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000116385

Entity Name: U.S. IMPLANTS SOLUTIONS-LEEFS, LLC

Current Principal Place of Business:

995-A WESTWOOD SQUARE
OVIEDO, FL 32765

New Principal Place of Business:

650 S. CENTRAL AVE #1000
OVIEDO, FL 32765

Current Mailing Address:

995-A WESTWOOD SQUARE
OVIEDO, FL 32765

New Mailing Address:

650 S. CENTRAL AVE #1000
OVIEDO, FL 32765

FEI Number: 26-2821725 **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:

MEIER, GREGORY W ESQ
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE - STE 1700
ORLANDO, FL 32801 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: GARRETT, SCOTT
Address: 995-A WESTWOOD SQUARE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BELL, ROBERT R
Address: 650 S. CENTRAL AVE #1000
City-St-Zip: OVIEDO, FL 32765

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: ROBERT R BELL MGR 05/01/2009

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