2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083333

Entity Name: TOTAL ORTHODONTIC, DENTAL LAB LLC

Apr 12, 2009 Secretary of State

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

12237 SW 132 COURT MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

12237 SW 132 COURT 11365 NW 50TH, TERRACE MIAMI, FL 33166 DORAL, FL 33178

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ISEA, JOSE J 11365 NW 50TH. TERRACE DORAL, FL 33178

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:

ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete ISEA. JOSE J SOLLA, ISEA Name: Name:

Address: 11365 NW 50TH. TERRACE Address: 11365 NW 50TH. TERRACE City-St-Zip: DORAL, FL 33178 US City-St-Zip: DORAL, FL 33178 US

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

BESERENI, YILDA Name: Name: Address: 11365 NW 50TH, TERRACE Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip:

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

SOLLA, MARIO Name: Name: 11365 NW 50TH. TERRACE Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip:

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: MARO SOLLA 04/12/2009