## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000084085

Entity Name: OSTEOLIFE BIOMEDICAL, LLC

1840 N.E. 153RD STREET

NORTH MIAMI BEACH, FL 33162

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1840 N.E. 153RD STREET NORTH MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 1840 N.E. 153RD STREET NORTH MIAMI BEACH, FL 33162 FEI Number: 26-2876138 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARG, ARUN DR 1840 N.E. 153RD STREET NORTH MIAMI BEACH, FL 33162 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GARG, ARUN K Name: Name: Address: 1840 N.E. 153RD STREET Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MALININ, THEODORE Name: Address: 1840 N.E. 153RD STREET Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GIOVINAZZO, STEVE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ARUN K. GARG MGRM 04/29/2009