File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 22 PM 12: 06 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L98000002158 1a. Principal Place of Business Address PRECISION IMPLANT, L.L.C. 46 NORTH WASHINGTON BLVD., #1 46 NORTH WASHINGTON BLVD., # SARASOTA FL 34236 SARASOTA FL 34236 3. Date Organized or Qualified | 3a. State of Formation 6355 ORANGE AVE.
Suite, Apt. #, etc.
SUITE 10 635 5, ORANGE AVE. 10/07/1998 FL Applied For 65-0899440 Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ROTEN, REX A Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD., #1 SARASOTA FL 34236 Suite Ant # etc. Zio Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Brightend Agent An opting Apportment). (BOY) Registered Agent Support in a process of control of the Control Address. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 46 NORTH WASHINGTON BLVD. , SARASOTA FL MGR-ROTEN, REX A LINDA GEBHARD 635 S. ORANGE AVE. 410 SAKASOTA FLBY236 2dmnn02828342---# -n4/n2/99--01090--007 ****188.75 ****188.75 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: