2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# M06000004990

Entity Name: SPINALGRAFT TECHNOLOGIES, LLC

Current Principal Place of Business:

4340 SWINNEA RD
MEMPHIS, TN 38118 US

New Principal Place of Business:

Current Mailing Address:

4340 SWINNEA RD
MEMPHIS, TN 38118 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WEHRLY, PETER
Address: 4340 SWINNEA RD
City-St-Zip: MEMPHIS, TN 38118 US

Title: MGR ( ) Delete
Name: SHELDON, TODD N
Address: 4340 SWINNEA RD
City-St-Zip: MEMPHIS, TN 38118 US

Title: MGR ( ) Delete
Name: MCCORMICK, SHAWN
Address: 4340 SWINNEA RD
City-St-Zip: MEMPHIS, TN 38118 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: JOHNSON, ROBERT
Address: 4340 SWINNEA RD
City-St-Zip: MEMPHIS, TN 38118 US

Title: MGR (X) Change ( ) Addition
Name: JORDHEIM, ROBERT
Address: 4340 SWINNEA RD
City-St-Zip: MEMPHIS, TN 38118 US

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: PETER WEHRLY MGR 03/20/2008

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