

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006526

**Entity Name:** CREATIVE DENTAL SYSTEMS, LLC

**Current Principal Place of Business:**

240 OLD FEDERAL HIGHWAY  
SUITE 200  
HALLNEDALE BEACH, FL 33009

**Current Mailing Address:**

240 OLD FEDERAL HIGHWAY  
SUITE 200  
HALLNEDALE BEACH, FL 33009

**FEI Number:** 83-0383456

**Certificate of Status Desired:** No

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

FELDMAN, MARTIN EESQ  
1930 HARRISON STREET  
204  
HOLLYWOOD, FL 33020 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

**Authorized Person(s) Detail :**

Title PRES  
Name FARBER, JACOB  
Address 240 OLD FEDERAL HIGHWAY SUITE  
200  
City-State-Zip: HALLENDALE BEACH FL 33009

Title V.P.  
Name FARBER, YEVGENY  
Address 240 OLD FEDERAL HIGHWAY, SUITE  
200  
City-State-Zip: HALLENDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACOB FARBER

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date