2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 475189



FILED Jan 13, 2003 8:00 am Secretary of State

1. Entity Name CREATIVE DENTAL STUDIOS, INC.				01-13-2003 90355 018 ***150.00	
Principal Place of Business 6300 PEMBROKE ROAD MIRAMAR FL 33023		Mailing Address 6300 PEMBROKE ROAD MIRAMAR FL 33023			
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		CHECK HERE IF MAKING CHANGES	
				4. FEI Number 59-1592719 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FORMAN, RONALD E			Name		
	ABROKE RD		Street Addre	ss (P.O. Box Number is Not Acceptable)	
	FL 33023				
	•		City	FL Zip Code	
8. The above	e named entity submits this statemen tions of registered agent.	t for the purpose of changing its	s registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept	
J	-g				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMAN, RONALD E. 4757 GRAPE VINE WAY DAVIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR