2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000022635

Entity Name: SYNERGY: A DENTAL LABORATORY, LLC

FILED Sep 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

520 S. MAITLAND AVE. 707 PENNSYLVANIA AVE MAITLAND, FL 32751

SUITE 1100

ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

520 S. MAITLAND AVE. 707 PENNSYLVANIA AVE

MAITLAND, FL 32751 SUITE 1100

ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-2678273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

C. SCOTT SCHMITT, D.M.D. M.S. C. SCOTT SCHMITT, D.M.D. M.S. 520 S. MAITLAND AVE. 707 PENNSYLVANIA AVE

MAITLAND, FL 32751 SUITE 1100

ALTAMONTE SPRINGS, FL 32701 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: C. SCOTT SCHMITT 09/20/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: () Change (X) Addition C. SCOTT SCHMITT, DM, D, MS, PA Name: Name: Address: Address: 707 PENNSYLVANIA AVE, STE 1100 City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: C. SCOTT SCHMITT **PRES** 09/20/2006