2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046050

Entity Name: CREATION DENTAL LAB, LLC

FILED Jun 20, 2006 Secretary of State

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

487 NW 27 AVE. 487 NW 27 AVE. MIAMI, FL 33126 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

487 NW 27 AVE. 487 NW 27 AVE. MIAMI, FL 33126 487 NW 27 AVE. MIAMI, FL 33125

FEI Number: 20-2824341 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:

VELAZQUEZ GONZALEZ, IRMA
487 NW 27 AVE.
MIAMI, FL 33126 US

RICHARD, MARIA M
487 NW 27 AVE.
MIAMI, FL 33125 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: MARIA M RICHARD 06/20/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 RICHARD, MARIA M
 Name:

 Address:
 4550 NW 9 ST SUITE 803 EAST
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 GONZALEZ, ARTIGAS E
 Name:

 Address:
 4550 NW 9 ST SUITE 803 EAST
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA M RICHARD MGR 06/20/2006