

APRIL 18, 2001

Department of State  
Corporate Records Division  
P.O. Box 6327  
Tallahassee, FL 32314

*make  
checks: Fla Dept of Revenue  
ATTN: Corporate Records*

Dear Division of Corporations:

600004334036--7  
-05/30/01--01042--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed please find Articles of Incorporation for "CREATIVE DENTAL DESIGN, INC."

along with a check in the amount of \$70.00 for filing fee and designation of  
registered agent. Also enclosed is a photocopy of the articles. Please return these to me with the  
filing date stamped on it.

Sincerely,

CAROLYN ONA  
3906 W. NEPTUNE  
TAMPA, FL 33629

FILED  
01 NOV -5 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. BULLOCK NOV 06 2001

WA-12819

⑥



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 6, 2001

CAROLYN ONA  
3906 W NEPTUNE  
TAMPA, FL 33629

SUBJECT: CREATIVE DENTAL DESIGN, INC.  
Ref. Number: W01000012819

We have received your document for CREATIVE DENTAL DESIGN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock  
Document Specialist  
New Filing Section

Letter Number: 601A00034411

**ARTICLES OF INCORPORATION OF  
CREATIVE DENTAL DESIGN, INC.**

I, the undersigned incorporator of this corporation under chapter 607, Florida statute as amended, do hereby associate myself to form a corporation and adopt the following articles of incorporation.

**ARTICLE 1 NAME**

The name of this corporation shall be: CREATIVE DENTAL DESIGN, INC.

The principal place of business of this corporation shall be:

3906 W. NEPTUNE  
TAMPA, FL 33629

**ARTICLE II**

**PURPOSE AND NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares, par \$1.00.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

CAROLYN ONA  
3906 W. NEPTUNE  
TAMPA, FL 33629

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and street address of the incorporators to these articles of incorporation are:

CAROLYN ONA  
CAROLYN  
TAMPA, FL 33629

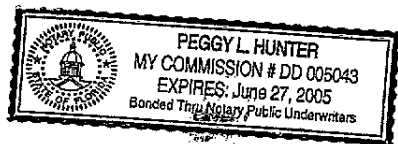
In witness whereof, the undersigned incorporators have executed these Articles of Incorporation this 31 day of October 19 2001.

Signature of Incorporators

Carolyn O. Ona

State of Florida  
County of Hillsborough

The foregoing instrument was acknowledged and sworn before me this 31 of October, 19 2001 by CAROLYN ONA OF CREATIVE DENTAL DESIGN, INC.



Notary Public

Peggy L. Hunter

My commission expires

6/27/05

SEAL: Article of Incorporation fee: \$35.00

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.**

**1. THE NAME OF THE CORPORATION IS:**

**CREATIVE DENTAL DESIGN, INC.**

**2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:**

**CAROLYN ONA  
3906 W. NEPTUNE  
TAMPA, FL 33629**

**SIGNATURE**

*Carolyn C. Ona*

**CORPORATE OFFICER**

**TITLE**

*President*

**PRESIDENT**

**DATE**

*10-31-01*

**FILED**  
**01 NOV -5 AM 9:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE  
DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

**SIGNATURE**

*Carolyn C. Ona*

**DATE**

*10-31-01*

**REGISTERED AGENT FILING FEE: \$35.00**