2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2005 08:00 AM **Secretary of State** DOCUMENT # V07816 1. Entity Name CREATIVE DENTAL SERVICES, INC. Principal Place of Business Mailing Address 1 SOUTH SCHOOL AVE 1 SOUTH SCHOOL AVE STE 1000 STE 1000 SARASOTA, FL 34237 US SARASOTA, FL 34237 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0309816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 8751 W BROWARD BLVD PLANTATION, FL 33324 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, Speed or printed name of registered agent and title if applicable INOTE. Registered Agent signature regulard when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BILE NAME MATZKIN, STEVEN R U00000216280 02/05/05-80042-809 150.00 CIRCLI ADDRESS 1 S SCHOOL AVE STE 1000 CRY ST ZIP SARASOTA, FL 34237 HILL NAL E STREET AUDITESS CITY SE ZIP BILL NAME SHEEL ADDRESS DO NOT WRITE City St Zie IN THIS SPACE HITLE NAME STREET ADDRESS CHY ST ZIP TIFLE NAME STREET ADDRESS

12. Thereby 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 ptrue this properties.

SIGNATURE: _

CHY ST ZIP

NAME STREET ADDRESS CITY ST ZIP

ING OFFICER OR DIRECTOR

FILED