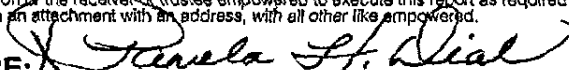


FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000099403			
1. Entity Name PAMELA H. DIAL, P.A.			
Principal Place of Business 4119 129TH ST W CORTEZ, FL 34215		Mailing Address 4119 129TH ST W CORTEZ, FL 34215	
DO NOT WRITE IN THIS SPACE			
		02252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1321664	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S PINEAPPLE AVE 10TH FL SARASOTA, FL 34236		DO NOT WRITE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/0000000000000000 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	DIAL, PAMELA H		
STREET ADDRESS	4119 129TH ST W		
CITY-ST-ZIP	CORTEZ, FL 34215		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		X 03/26/06 (941) 704-4962	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	