

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003766

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** PAMELA SKAFF DENTAL DESIGN PA

**Current Principal Place of Business:**

200 SOLANA RD  
SUITE A  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOLANA RD  
SUITE C  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

200 SOLANA RD  
SUITE A  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 27-1722442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WORRELL, DANNY L  
200 SOLANA RD  
SUITE C  
PONTE VEDRA BEACH, FL 32082 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** WORRELL, DANNY L CPA  
**Address:** 200 SOLANA RD., STE. C  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DIR  
**Name:** SKAFF, PAMELA J DDS  
**Address:** 200 SOLANA RD., STE. A  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DANNY L WORRELL

CPA

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date