

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000053965

Entity Name: WORTHY FAMILY DENTAL, PA

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3500 N. STATE ROAD 7  
SUITE 150  
LAUDERDALE LAKE, FL 33319 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

3500 N. STATE ROAD 7  
SUITE 150  
LAUDERDALE LAKE, FL 33319 US

## **New Mailing Address:**

FEI Number: 27-2939651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCMILLAN, LARRY  
3250 MARY STREET  
COCONUT GROVE, FL 33133 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: D  
Name: WORTHY-MARBURY, MICHELE  
Address: 3500 N. STATE ROAD 7, SUITE 150  
City-St-Zip: LAUDERDALE LAKE, FL 33319 US

Title: P  
Name: WORTHY-MARBURY, MICHELE  
Address: 3500 N. STATE ROAD 7, SUITE 150  
City-St-Zip: LAUDERDALE LAKE, FL 33319 US

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: MICHELE WORTHY-MARBURY

D

04/26/2011

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

\_\_\_\_\_  
Date