

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000053965

**Entity Name:** WORTHY FAMILY DENTAL, PA

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-2939651

**Certificate of Status Desired:** No

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

MCMILLAN, LARRY  
3250 MARY STREET  
COCONUT GROVE, FL 33133 US

*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

**Officer/Director Detail :**

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

*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

**PRESIDENT**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date