

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055547

FILED
Jun 30, 2009
Secretary of State

Entity Name: DR. NOEL HENRY, O.D. P.A.

Current Principal Place of Business:

9571 W COLONIAL DRIVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

12526 NW 10 PLACE
SUNRISE, FL 33323

New Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
SUITE 254
WINDERMERE, FL 34786

FEI Number: 20-2702061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: HENRY, NOEL
Address: 12526 NW 10 PLACE
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: HENRY, NOEL
Address: 13506 SUMMERPORT VILLAGE PARKWAY #254
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NOEL HENRY

DR

06/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date