

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000055547

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

**Current Principal Place of Business:**

2155 TOWN CENTER BLVD  
ORLANDO, FL 32837

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 254  
WINDERMERE, FL 34786

**FEI Number:** 20-2702061

**Certificate of Status Desired:** Yes

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

HENRY, NOEL  
13506 SUMMERPORT VILLAGE PARKWAY  
#254  
WINDERMERE, FL 34786 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 DR  
Name HENRY, NOEL  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY #254  
City-State-Zip: WINDERMERE FL 34786

*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:** NOEL HENRY

CEO

04/30/2013

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

\_\_\_\_\_ Date