

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91071 006 ***150.00

DOCUMENT # **P01000026205**

1. Entity Name

Stephanie Noel, R.N., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13532 Jonguil Place

Suite, Apt. #, etc.

3. Mailing Address

13532 Jonguil Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington

City & State

Wellington

4. FEI Number

65-1086751

Applied For

Not Applicable

Zip

FL

Country

33414

Zip

FL

Country

33414

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Noel, Stephanie

Street Address (P.O. Box Number is Not Acceptable)

13532 Jonguil Place

City

Wellington

FL

Zip Code

33414

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Noel, Stephanie 13532 Jonguil Place Wellington, FL 33414
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephanie L Noel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 561 596 0407

Date

Daytime Phone #

CR2E034B (12/02)