

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015247 (8)**

TERRI A. NOE, M.D., P.A.

Mount Sinai Comprehensive Diagnostic CTR.
4302 ALTON RD., 3RD FLOOR
MIAMI BEACH FL 33140

Mounting Address

Mount Sinai Comprehensive Diagnostic CTR.
4302 ALTON RD., 3RD FLOOR
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reorganization) **03/01/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0390115** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for compliance for under the 1994 QCR Florida Statutes ☐ Yes ☒ No

2. Principal Office (or Principal Place of Business) 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City, State 27. City, State
23. City, State 28. City, State
24. City, State 25. City, State 29. City, State 30. City, State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JAMES G
1207 THIRD STREET SOUTH
SUITE 2
NAPLES FL 33940

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.01(1)(a) and 607.01(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this state of Florida. Such change was authorized by the corporation's board of directors. Thereby, consent the appointment as registered agent. I am authorized to accept the appointment as registered agent under Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (if applicable) Signature of Registered Agent or Registered Agent in Charge (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D NOE, TERRI A 4302 ALTON RD., 3RD FL. MIAMI BEACH FL 33140	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
1. TITLE		3. STREET ADDRESS	
NAME		4. CITY, STATE, ZIP	
1. TITLE		2. NAME	☐ Change ☐ Addition
NAME		3. STREET ADDRESS	
1. TITLE		4. CITY, STATE, ZIP	
NAME		5. TITLE	☐ Change ☐ Addition
1. TITLE		6. NAME	
NAME		7. STREET ADDRESS	
1. TITLE		8. CITY, STATE, ZIP	
NAME		9. TITLE	☐ Change ☐ Addition
1. TITLE		10. NAME	
NAME		11. STREET ADDRESS	
1. TITLE		12. CITY, STATE, ZIP	
NAME		13. TITLE	☐ Change ☐ Addition
1. TITLE		14. NAME	
NAME		15. STREET ADDRESS	
1. TITLE		16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(1)(a) and 607.01(1)(b), Florida Statutes. I further certify that the information and effect on the corporation or on supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were signed with that person's official title for the corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13, of this report, or on an attachment with an address.

SIGNATURE: *Terri A. Noe M.D., P.A., President* *Terri A. Noe M.D.* *5/5/95* *885-674-3221*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR