FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:47

DOCUMENT # **P93000075997 (5)**

1. Corporation Name
D.E. NOBLE, M.D., P.A.

Principal Place of Business
~~902 S.E. OSCEOLA~~ **DONALD E. NOBLE, M.D.**
~~SUITE A~~ **509 S.E. Riverside Dr., Ste. 202**
~~STUART FL 34994~~ **Stuart, FL 34994**
US

Mailing Address
~~902 SE OSCEOLA~~ **DONALD E. NOBLE, M.D.**
~~SUITE A~~ **509 S.E. Riverside Dr., Ste. 202**
~~STUART FL 34994~~ **Stuart, FL 34994**
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 509 S.E. Riverside Dr	2a. Mailing Address: 26 509 S.E. Riverside Dr.
Suite, Apt. #, etc.: 22 Suite 202	Suite, Apt. #, etc.: 27 Suite 202
City & State: 23 Stuart FL	City & State: 28 Stuart FL
Zip: 24 34994 Country: 25	Zip: 29 34994 Country: 30

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 03/21/1994
4. FEI Number: 65-0442827 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 SOUTH FEDERAL HWY.
STUART FL 34994

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/S	☐ Change ☒ Addition
NAME	NOBLE, DONALD E	12 NAME		
STREET ADDRESS	2321 N.W. BAY COLONY COURT	13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994	14 CITY-ST-ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald E Noble MD 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

DONALD E. NOBLE, M.D.
509 S.E. Riverside Dr., Ste. 202
Stuart, FL 34994

407 287 9177
Daytime Phone Number

0360388 CP