FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075997 1. Corporation Name

D.E. NOBLE, M.D., P.A.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90046 039 ***150.00



							(ALC) (AR) (AR)	
Principal Place of Business Mailing Address) (CONTOR IN ISING THE OWN CONTOR	., 88111 88111 18591 81116 18116	18117 1987 1981	
509 S.E. RIVERSIDE DRIVE SUITE 202 STUART FL 34994 US		509 S.E. RIVERSIDE DRI SUITE 202 STUART FL 34994 US	VE		DO NOT WRIT	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
00					10/28/1993		Ì	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For	
21		26			65-0442827	Not	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊨¬ ' '		5. Certifcate of Status Desired	□ \$8.75 A Fee Re	II.	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	- 1	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax			
24	9. Name and Address of Current Registered A		30		Personal Property Tax. Yes Lino 10. Name and Address of New Registered Agent			
	9. Name and Address of Cur	rrent Registered Agent		81 Name		-giotorou rigorit		
FOX	, M. LANNING							
	SOUTH FEDERAL HWY.		82 Street Add		t Address (P.O. Box Number is Not Acceptal	ole)	,	
	ART FL 34994			83				
				24 00		85 Zip C	200	
				84 City		FL		
office or re agent. I a	to the provisions of Sections 607.6 egistered agent, or both, in the Start m familiar with, and accept the ob	ate of Florida, Such change was	: authorized	ny the cott	d corporation submits this statement for the poration's board of directors. I hereby accept	the appointment as reg	gistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				Agent signature	required when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		Addition	
TITLE	PSD	☐ DELETE	1.1 TN			☐ Change	Audition	
NAME	NOBLE, DONALD E		1.2 NA				}	
STREET ADDRESS	2321 N.W. BAY COLONY C	OURT	1	REET ADDRESS				
CITY-ST-ZIP	STUART FL	□ nci crr		ry-St-ZIP		[] Change	Addition	
TITLE		☐ DELETE	2.1 111			□ cuango		
NAME	 -		2.2 N				ļ	
STREET ADDRESS				REET ADDRESS				
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CITY-ST-ZIP			1	TY-ST-ZIP			j	
TITLE		☐ DELETE	4.1 TT			☐ Change	☐ Addition	
NAME			4.2 N	AME			}	
STREET ADDRESS			4.3 ST	REET ADDRESS	3			
CITY-ST-ZIP			4.4 CF	ry-ST-ZIP				
TITLE		☐ DELETE	5.1 TF	n.E		☐ Change	Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS	S			
CITY-ST-ZIP				TY-ST-ZIP				
TITLE	. 44 17 19	☐ DELETE	. 6.1 TT			☐ Change	Addition	
NAME	and the second second		6.2 NA		1			
STREET ADDRESS				REET ADORESS	S			
a 07 310			6.4 CI	TY+ST+ZIP				

14. 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 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 with all other like empowered.

SIGNATURE: