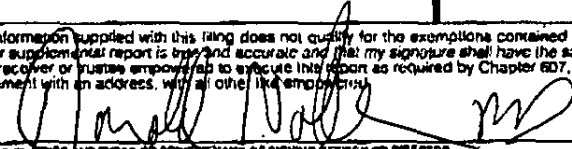


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000075997 1. Entity Name D.E. NOBLE, M.D., P.A.		
Principal Place of Business 509 S.E. RIVERSIDE DRIVE SUITE 202 STUART, FL 34994 US	Mailing Address 509 S.E. RIVERSIDE DRIVE SUITE 202 STUART, FL 34994 US	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34984		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 date if applicable (NOT L: Registered Agent Signature required when submitting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PSD NOBLE, DONALD E 2528 BROOKWOOD LANE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 of this report.		
SIGNATURE: 		4-30-08

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0442827	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U000000947959
06/02/08-80035-024 150.00

**DO NOT WRITE
IN THIS SPACE**