

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000075597
 1. Entity Name
 LENORE T. NOEL, M.D., P.A.



Principal Place of Business: 17925 FRANJO ROAD, MIAMI, FL 33157
 Mailing Address: 17925 FRANJO ROAD, MIAMI, FL 33157

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01112008 No Chg-P CR2E034 (11/05)

4. FEI Number: 65-0607187 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOEL, LENORE T
 17925 FRANJO ROAD
 MIAMI, FL 33157

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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)

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

DATE: 02/13/08-80074-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOEL, LENORE T
STREET ADDRESS	17925 FRANJO ROAD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lenore T. Noel, M.D. LENORE T. NOEL 1/21/08 235-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #