

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000068393

1. Entity Name

JUDITH DEBORAH SNELL NOEL, M.D., P.A.



Principal Place of Business

7509 STATE ROAD 52
#210
HUDSON, FL 34667-6787

Mailing Address

7509 STATE ROAD 52
#210
HUDSON, FL 34667-6787



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3461666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 34616

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NOEL, JUDITH DEBORAH S MD
STREET ADDRESS 7509 STATE ROAD 52 #210
CITY-ST-ZIP HUDSON, FL 346676787

TITLE
NAME
STREET ADDRESS
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11000001 79343
01/13/05-80015-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #