

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075597

Entity Name: LENORE T. NOEL, M.D., P.A.

Current Principal Place of Business:

17925 FRANJO ROAD
MIAMI, FL 33157

Current Mailing Address:

17925 FRANJO ROAD
MIAMI, FL 33157

FEI Number: 65-0607187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOEL, LENORE T
17925 FRANJO ROAD
MIAMI, FL 33157 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title MD
Name NOEL, LENORE T
Address 17925 FRANJO ROAD
City-State-Zip: MIAMI FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LENORE T. NOEL, MD

OWNER

01/28/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date