2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90110 014 ***150.00

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1. Entity Name
GODDARD & ASSOCIATES, M. D., P. A.

Principal Place of Business	Mailing Address
1565 SUNSET DRIVE CORAL GABLES, FL 33143	1565 SUNSET DRIVE CORAL GABLES, FL 33143

2. Principal Place of Business - No P O Box #	3. Mailing Address
7211 SW 62nd Avenue	7211 SW 62nd Avenue
Suite, Apt #, etc: Ste: 207	Suite, Apt #, etc: Ste: 207
City & State: Miami, FL	City & State: Miami, FL
Zip: 33143 Country:	Zip: 33143 Country:

01092007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-1231370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHORT, EUGUENE M JR. 3001 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code

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 X [signature] A. ROBERT GODDARD, PRES

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GODDARD, ROBERT 1565 SUNSET DRIVE CORAL GABLES, FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Goddard Robert 7211 SW 62nd Avenue, Ste: 207 Miami, FL 33143 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] A. ROBERT GODDARD, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #