

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-22-2007 90110 014 ***150.00

DOCUMENT # 600837	
1. Entity Name GODDARD & ASSOCIATES, M. D., P. A.	

Principal Place of Business 1565 SUNSET DRIVE CORAL GABLES, FL 33143	Mailing Address 1565 SUNSET DRIVE CORAL GABLES, FL 33143
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2. Principal Place of Business - No P.O. Box # 7211 SW 62nd Avenue Suite, Apt #, etc Ste: 207	3. Mailing Address 7211 SW 62nd Avenue Suite, Apt #, etc Ste: 207
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City & State Miami, FL	City & State Miami, FL
Zip 33143	Zip 33143
Country	Country



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1231370	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHORT, EUGUENE M JR. 3001 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134
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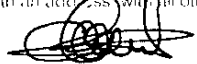
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this report for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the obligations of registered agent.
SIGNATURE  A. ROBERT GODDARD, PRES

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PD GODDARD, ROBERT	☐ Delete	NAME PD Goddard Robert	☒ Change ☐ Addition
STREET ADDRESS 1565 SUNSET DRIVE		STREET ADDRESS 7211 SW 62nd Avenue, Ste: 207	
CITY, ST, ZIP CORAL GABLES, FL 33143		CITY, ST, ZIP Miami, FL 33143	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  A. ROBERT GODDARD, PRES	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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