



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90134 035 \*\*\*150.00

|  |                                |   |   |   |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
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| <b>DOCUMENT # P00000013334</b><br>1. Entity Name<br><b>CLIFFORD S. GOLDEN, ED.D., P.A.</b>   |                                |   |   |    |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Principal Place of Business<br><b>10000 STIRLING RD. STE 6</b><br><b>COOPER CITY, FL 33024 US</b>  |                                |   | Mailing Address<br><b>10000 STIRLING RD. STE 6</b><br><b>COOPER CITY, FL 33024 US</b> |   |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |                                | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| City & State<br><br>Zip      Country   |                                | City & State<br><br>Zip      Country  |   | 03272007      Chg-P      CR2E034 (12/06)  |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   |                                |   |   | Applied For<br>Not Applicable   |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                |   |   | 6. Name and Address of Current Registered Agent<br><br><b>GOLDEN, CLIFFORD S EDD</b><br><del>9950 STIRLING ROAD, SUITE 107</del><br><b>COOPER CITY, FL 33024</b>  |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10,000 Stirling Road, suite #6</b><br>City <b>FL</b> 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.<br><br>SIGNATURE: <i>Clifford S. Golden Ed.D.</i> <b>03/28/07</b><br><small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE  |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$350.00</b>  |                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>GOLDEN, CLIFFORD S ED.D</b></td> <td><b>10000 STIRLING RD. SUITE 6</b></td> <td><b>COOPER CITY, FL 33024</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> |             | TITLE                | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |  | <b>GOLDEN, CLIFFORD S ED.D</b> | <b>10000 STIRLING RD. SUITE 6</b> | <b>COOPER CITY, FL 33024</b> | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| TITLE  | NAME                           | STREET ADDRESS  | CITY-ST-ZIP   | Delete  |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  | <b>GOLDEN, CLIFFORD S ED.D</b> | <b>10000 STIRLING RD. SUITE 6</b>   | <b>COOPER CITY, FL 33024</b>  | <input type="checkbox"/>  |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change      Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> |                                | 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.<br><b>954-436-8326</b> |  |  |  |
| TITLE  | NAME                           | STREET ADDRESS  | CITY-ST-ZIP   | Change      Addition  |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
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| <b>SIGNATURE:</b> <i>Clifford S. Golden Ed.D. P.A.</i> <b>CLIFFORD S. Golden Ed.D. P.A.</b> <b>03/28/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |                                |   |   |   |             |                      |      |                |             |        |  |                                |                                   |                              |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |