


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State


02-02-2006 90045 003 ***150.00

DOCUMENT # P02000116662	
1. Entity Name RICHARD GOULDING, MD - FREELANCE, PA	

Principal Place of Business 4007 N. HARBOR CITY BLVD. 304 MELBOURNE, FL 32935	Mailing Address 4007 N HARBOR CITY BLVD. 304 MELBOURNE, FL 32935
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60010715



01302006 Chg-P CR2E034 (11/05)

4. FEI Number 61-1427769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOULDING, RICHARD DR. 4007 N HARBOR CITY BLVD. 304 MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name Goulding, Richard, Dr. Street Address (P.O. Box Number is Not Acceptable) 817 HOGAN WAY City Melbourne FL Zip Code 32940
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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 Richard E. Goulding (NOTE: Registered Agent signature required when reinstating) DATE 1/25/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULDING, RICHARD DR. 4007 N HARBOR CITY BLVD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goulding, Richard, Dr. 817 HOGAN WAY Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: R Goulding DATE 1/25/06 DAYTIME PHONE # 321-2666895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR