

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90119 005 \*\*\*150.00

DOCUMENT # **P98000085600**

1. Entity Name

**SHERI FELDMAN, ED.D.CCC-SLP & ASSOCIATES, P.A.**



Principal Place of Business

Mailing Address

~~12140 BEGONIA WAY~~  
~~COOPER CITY FL 33026~~

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~~COOPER CITY FL 33026~~

2. Principal Place of Business  
**Sheri Feldman, Ed.D. CCS SLP**  
**and Associates, P.A.**  
Suite # 610  
**7200 Griffin Road #6**  
**Davie, FL 33314**

3. Mailing Address  
**Feldman**  
**2751 S. Ocean Drive**  
**N-502**  
**Hollywood FL 33019**



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0868394** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL CPA**  
**2424 N. FEDERAL HIGHWAY**  
**SUITE 200**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Michael Feldman, CPA**  
Street Address (P.O. Box Number is Not Acceptable) **9858 Clinton Moore Rd.**  
**CLINTON #253**  
City **Boca Raton** FL Zip Code **33496**

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 **Michael Feldman**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**2/24/06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete  
NAME **FELDMAN, SHERI**  
STREET ADDRESS **12140 BEGONIA WAY**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Feldman** ☒ Change ☐ Addition  
NAME **2751 S. Ocean Drive**  
STREET ADDRESS **N-502**  
CITY-ST-ZIP **Hollywood FL 33019**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sheri Feldman Sheri Feldman** **2/24/06**