


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90021 049 \*\*\*150.00

<b>DOCUMENT # F89581</b> 1. Entity Name <b>RYLAND, SCHOTMAN &amp; MATTHEWS, D.V.M.'S, P.A.</b>					
Principal Place of Business <b>22411 HIGHWAY 27 LAKE WALES, FL 33859</b>			Mailing Address <b>22411 HIGHWAY 27 LAKE WALES, FL 33859</b>		
2. Principal Place of Business <i>520 mountain Lake Cutoff Rd.</i>		3. Mailing Address <i>520 mountain Lake Cutoff Rd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2205220</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RYLAND, A. FLEET III, DV 22411 HIGHWAY 27 LAKE WALES, FL 33859</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>520 mountain Lake Cutoff Road</i> City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYLAND, A. FLEET III, DV 22411 HIGHWAY 27 LAKE WALES, FL 33859	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHOTMAN, THOMAS B DVM 22411 HIGHWAY 27 LAKE WALES, FL 33859	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MATTHEWS, MICHAEL R DVM 22411 HIGHWAY 27 LAKE WALES, FL 33859	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, WADE M 22411 HWY 27 LAKE WALES, FL 33859	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <span style="float: right;">2/24/04 863 676-1451</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

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