

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F89581**

**1. Entity Name**  
RYLAND, SCHOTMAN & MATTHEWS, D.V.M.'S, P.A.



**Principal Place of Business**  
520 MOUNTAIN LAKE CUTOFF RD.  
LAKE WALES, FL 33859

**Mailing Address**  
520 MOUNTAIN LAKE CUTOFF RD.  
LAKE WALES, FL 33859

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-2205220

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

RYLAND, A. FLEET III, DV  
520 MOUNTAIN LAKE CUTOFF RD.  
LAKE WALES, FL 33859

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** DP  
**NAME** RYLAND, A. FLEET III, DV  
**STREET ADDRESS** 520 MOUNTAIN LAKE CUTOFF ROAD  
**CITY-ST-ZIP** LAKE WALES, FL 33859

**TITLE** DV  
**NAME** SCHOTMAN, THOMAS B DVM  
**STREET ADDRESS** 520 MOUNTAIN LAKE CUTOFF ROAD  
**CITY-ST-ZIP** LAKE WALES, FL 33859

**TITLE** DVST  
**NAME** MATTHEWS, MICHAEL R DVM  
**STREET ADDRESS** 520 MOUNTAIN LAKE CUTOFF ROAD  
**CITY-ST-ZIP** LAKE WALES, FL 33859

**TITLE** D  
**NAME** PHILLIPS, WADE M  
**STREET ADDRESS** 520 MOUNTAIN LAKE CUTOFF ROAD  
**CITY-ST-ZIP** LAKE WALES, FL 33859

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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01/24/05-80094-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #