

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G78889 1. Entity Name RONALD LYMAN, D.V.M., P.A.		
Principal Place of Business 3984 S. U.S. 1 FT PIERCE, FL 34982		Mailing Address 3984 S. U.S. 1 FT PIERCE, FL 34982
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
LYMAN, RONALD, D.V.M. 3984 S. U.S. 1 FT PIERCE, FL 34982		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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.		
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: LYMAN, RONALD, D.V.M. STREET ADDRESS: 3984 S. U.S. 1 CITY-ST-ZIP: FT PIERCE, FL	<input type="checkbox"/> Delete	TITLE: <i>DEENA JOAN LYMAN</i> NAME: <i>DEENA JOAN LYMAN</i> STREET ADDRESS: <i>3984 S. U.S. 1</i> CITY-ST-ZIP: <i>FT PIERCE, FL</i>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>RONALD LYMAN DVM</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>8/5/05</i> Daytime Phone #: <i>772 4663441</i>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08042005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2356167** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____

FL

Zip Code: _____

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SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

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

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