

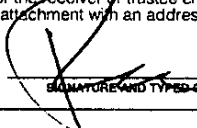


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # G78889</b> 1. Entity Name <b>RONALD LYMAN, D.V.M., P.A.</b>						<b>FILED</b> <b>05 AUG -8 AM 10:11</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>				
Principal Place of Business <b>3984 S. U.S. 1</b> <b>FT PIERCE, FL 34982</b>				Mailing Address <b>3984 S. U.S. 1</b> <b>FT PIERCE, FL 34982</b>						
2. Principal Place of Business		3. Mailing Address				08042005    Chg-P    CR2E034 (10/03)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State								
Zip		Country								
4. FEI Number <b>59-2356167</b>				Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>						
<b>6. Name and Address of Current Registered Agent</b>  <b>LYMAN, RONALD, D.V.M.</b> <b>3984 S. U.S. 1</b> <b>FT PIERCE, FL 34982</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>										
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<div style="border: 1px solid black; padding: 5px;"> <b>800058642878</b>  <b>08/16/05--01012--025    **\$61.25</b> </div>				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>LYMAN, RONALD, D.V.M.</b> <b>3984 S. U.S. 1</b> <b>FT PIERCE, FL</b>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<b>DEENA JOAN LYMAN</b> <b>3984 S. U.S. 1</b> <b>FT PIERCE, FL</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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.										
<b>SIGNATURE:</b> 				<b>RONALD LYMAN DVM</b>				<b>8/5/05    772 4663441</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>				