

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L44018 1. Entity Name LEE A. BRUEY, D.V.M., P.A.			
Principal Place of Business 500 E UNIV AVE., SUITE A P O DRAWER 2759 GAINESVILLE, FL 32602-9789		Mailing Address 500 E UNIV AVE., SUITE A P O DRAWER 2759 GAINESVILLE, FL 32602-9789	
DO NOT WRITE IN THIS SPACE			
		04062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2991654	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J. 500 E UNIVERSITY AVE., SUITE A P.O. DRAWER 2759 GAINESVILLE, FL 32602-9789		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1100000334323 04/27/05-80032-024 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	BRUEY, LEE A.		
STREET ADDRESS	585 S. LAWRENCE BLVD		
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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.			
SIGNATURE: <u>Lee A. Bruey</u> <u>Lee A. Bruey</u>		4-25-05 352-477-7962	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	