

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 048 ***150.00

DOCUMENT # P01000101020
 1. Entity Name
Edmond J. RYAN, D.V.M., Inc.

Principal Place of Business Mailing Address

40068553

2. Principal Place of Business 2920 Bird Ave, #3 3. Mailing Address 2920 Bird Ave, #3
 Suite, Apt. #, etc. 3 Suite, Apt. #, etc. 3

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLA City & State MIAMI FLA
 Zip 33133 Country USA Zip 33133 Country USA

4. FEI Number 65-1148189 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Edmond J. RYAN, DVM
2920 Bird Ave, Apt 3
Miami, FLA 33133

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City FL 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.
 SIGNATURE: Edmond J. RYAN (NOTE: Registered Agent signature required when reinstating) DATE 4/25/06

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE-NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President / Director</u> <u>Edmond J. RYAN</u> <u>2920 Bird Ave, Apt 3</u> <u>MIAMI, FLA 33133</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edmond J. RYAN DATE 4/25/06 (941) 735-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)