

2008
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN 12 PM 4:43

DOCUMENT # V 45003
 1. Entity Name
 RICHARD B LEHMAN DC PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9801 NE 2nd AVE. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI SHORES, FL		City & State	
Zip 33138	Country MIAMI DADE	Zip	Country

DO NOT WRITE IN THIS SPACE

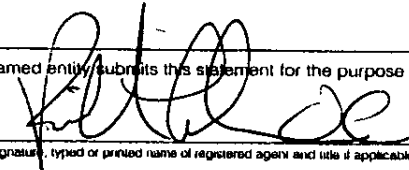
4. FEI Number 65- 0357273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICHARD LEHMAN
Street Address (P.O. Box Number is Not Acceptable) 9801 NE 2nd Ave.
City MIAMI SHORES FL Zip Code 33138

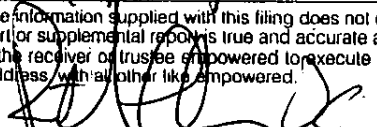
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE 6/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR RICHARD LEHMAN 9801 NE 2nd. Ave. MIAMI SHORES, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with authority like empowered.

SIGNATURE:  RICHARD LEHMAN DATE 6/8/08 305-757-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)