9/6/01-90010-04

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Sep 19, 2001 8:00 am
Secretary of State
09-06-2001 90010 040 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007226

1. Entity Name

BEACH WILDLIFE REHAB CENTER, INC.

Principal Place of Business	Mailing Address
185 EDEN AVE. SATELLITE BCH FL 32937	185 EDEN AVE. SATELLITE BCH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILBERT, CRYSTAL L 185 EDEN AVE. SATELLITE BCH FL 32937	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, CRYSTAL L 185 EDEN AVE. SATELLITE BCH FL 32937	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, THOMAS R 69 BLUEBIRD BLVD. INDIAN HARBOUR BCH FL 32937	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK A. CAUMIT 1814 HEARTWELLVILLE ST. NW Palm Bay, FL. 32907	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, BONNIE J 69 BLUEBIRD BLVD. INDIAN HARBOUR BCH FL 32937	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GEORGE R. LUBECZYK 135 A-1 TOMAHAWK DR Indian Harbour Bch. FL. 32937	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, CYNTHIA L 310 SEA PARK BLVD. SATELLITE BCH FL 32937	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEAN WOOD DIRECTOR 245 Park Ave. Satellite Beach, FL 32937	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E037 (10/00)

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 617, 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: SIGNATURE REQUIRED CRYSTAL GILBERT President 8/20/01 321-779-8934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #