2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N01000003342

Entity Name: WILDLIFE REHABILITATION OF DAYTONA BEACH, INC.

Current Principal Place of Business:

170 LAKESIDE EAST
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

933 BEVILLE RD
BLDG 102J
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 59-3718857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHONY, JACQUELINE
933 BEVILLE RD BLDG 102J
SOUTH DAYTONA, FL 32119

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANTHONY, JACQUELINE
Address: 933 BEVILLE RD BLDG 102J
City-St-Zip: SOUTH DAYTONA, FL 32128

Title: MD ( ) Delete
Name: ANTHONY, MICHELLE
Address: 933 BEVILLE RD STE 102J
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: THOM, PEGGY
Address: 933 BEVILLE RD STE 102J
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ANTHONY MD 04/22/2004

Electronic Signature of Signing Officer or Director — Date