2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 28 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119187

1. Entity Name
OAK PARK OF BREVARD, INC.

Principal Place of Business	Mailing Address
1221 EAST NEW HAVEN AVE MELBOURNE, FL 32901	1221 EAST NEW HAVEN AVE MELBOURNE, FL 32901

NOTE: FOLLOWING CHANGE OF ADDRESS

2. Principal Place of Business	3. Mailing Address
100 Rialto Place	100 Rialto Place
Suite, Apt. #, etc. Suite #500	Suite, Apt. #, etc. Suite #500
City & State Melbourne, FL	City & State Melbourne, FL
Zip 32901 Country Brevard	Zip 32901 Country Brevard

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number **75-3001244** [ ] 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
SOTTILE, JOHN H 100 RIALTO PLACE SUITE 500 MELBOURNE, FL 32901	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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOTTILE, JOHN H 100 RIALTO PLACE STE 500 MELBOURNE, FL 32901	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD Sottile, John H. 100 Rialto Place, Suite 500 Melbourne, FL 32901	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEVERS, DWIGHT W 100 RIALTO PLACE STE 500 MELBOURNE, FL 32901	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Severs, Dwight W. 100 Rialto Place, Suite 500 Melbourne, FL 32901	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAZZINI, JOHN P 100 RIALTO PLACE STE 500 MELBOURNE, FL 32901	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800013276108 02/28/03--01064--019 **150.00	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTAS WHERRY, STEPHEN R 100 RIALTO PLACE SUITE 500 MELBOURNE, FL 32901	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRASELTON, WILLIAM 100 RIALTO PLACE SUITE 500 MELBOURNE, FL 32901	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS STRANGE, PATRICIA A 100 RIALTO PLACE SUITE 500 MELBOURNE, FL 32901	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (10/02)

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: _____ 2-25-2003 321-724-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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