

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090682

1. Entity Name

BARNEGAT REHABILITATIVE SERVICES, INC.

Principal Place of Business

9810 NICKELS BLVD., NO. 1008
BOYNTON BEACH FL 33436

Mailing Address

9810 NICKELS BLVD., NO. 1008
BOYNTON BEACH FL 33436

2. Principal Place of Business

2925 10th AVE NORTH

3. Mailing Address

2925 10th AVE NORTH

Suite, Apt. #, etc.

SUITE 108

Suite, Apt. #, etc.

SUITE 108

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33461

Country

USA

Zip

33461

Country

USA

4. FEI Number

65-0955075

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

WHTMIRE, DRENNEN L JR.
450 ROYAL PALM WAY SIXTH FLOOR
PALM BEACH FL 33480

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

(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)

FILE NOW
After MAY 1, 20
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME VOELLINGER, DAVID M
STREET ADDRESS 9810 NICKELS BLVD., NO. 1008
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D Delete
NAME KRASNIANSKY, ANDREA P
STREET ADDRESS 9810 NICKELS BLVD., NO. 1008
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

CR2E034 (10/00)

SIGNATURE: *David Voellinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID VOELLINGER 2/13/01 561-434-2727

Date

Daytime Phone #