## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT# 597201**

FILED Sep 30, 2007 Secretary of State

Entity Name: OCEAN HYPERBARIC NEUROLOGIC CENTER INC

urrent P	rincipal Pla	ace of Business:		New Prince	cipal Place	of Business:	
	CEAN DR.						
UITE 105 AUDERD		IE SEA, FL 33308	US				
urrent M	ailing Add	ress:		New Maili	ng Addres	ss:	
001 N. O	CEAN DR.						
		IE SEA, FL 33308	US				
El Number:	59-1866807	FEI Number Ap	plied For ( )	FEI Number Not App	licable ( )	Certificate of Statu	ıs Desired ( )
ame and	Address o	of Current Registe	ered Agent:	Name and	l Address (	of New Registered A	Agent:
REILLY, VI 001 OCE. SUITE 105	AN DRIVE						
		IE SEA, FL 33308	US				
AUDERD he above	ALE BY TH	ity submits this stat		purpose of changing	its registere	ed office or registered	l agent, or bo
AUDERD he above the State	ALE BY TH named ent of Florida.	ity submits this stat		purpose of changing	its registere	ed office or registered	l agent, or bo
AUDERD he above	ALE BY TH named ent of Florida. RE:	ity submits this stat	tement for the		its registere	ed office or registered Date	l agent, or bo
AUDERD he above the State	ALE BY TH named ent of Florida. RE:	ity submits this stat	tement for the	ent			
AUDERD he above the State GNATUF	ALE BY TH named ent e of Florida. RE: Elect	ity submits this stat	tement for the	ent		Date	AND DIRECT
AUDERD he above the State IGNATUR  FFICERS tle: ame:	named ente of Florida.  RE: Elect  B AND DIR  D  NEUBAUER	cronic Signature of  ECTORS:  ( ) Delete 1, R.A., DR.,	tement for the	ent  ADDITION  Title:  Name:	NS/CHANG D DAVIGLUS	Date  ES TO OFFICERS A  (X) Change ( ) Addition, GEORGE M.D.,	AND DIRECT
AUDERD he above the State lGNATUF  PFFICERS tte: ame: ddress:	named ente of Florida.  RE: Elect  B AND DIR  D  NEUBAUER	eronic Signature of  ECTORS:  ( ) Delete ( R.A., DR., EAN DRIVE	tement for the	ent  ADDITION  Title:	NS/CHANG D DAVIGLUS 4001 N. OO	Date  ES TO OFFICERS A  (X) Change ( ) Addition	AND DIRECT
AUDERD he above the State	named ente of Florida. RE: Elect  S AND DIR  D  NEUBAUER 4001 N. OC	eronic Signature of  ECTORS:  ( ) Delete ( R.A., DR., EAN DRIVE	tement for the	ent  ADDITION  Title: Name: Address:	D DAVIGLUS 4001 N. OC LAUD BY T	Date  ES TO OFFICERS A  (X) Change ( ) Addition, GEORGE M.D.,	AND DIRECT
AUDERD the above the State clignATUF  DFFICERS title: ame: ddress: ity-St-Zip: title: ame:	named ente of Florida. RE: Elect  S AND DIR  D  NEUBAUER 4001 N. OC	eronic Signature of  ECTORS:  ( ) Delete  B. R.A., DR., EAN DRIVE HE SEA, FL	tement for the	ent  ADDITION  Title: Name: Address: City-St-Zip:  Title: Name:	D DAVIGLUS 4001 N. OC LAUD BY T P NEUBAUEF 4001 N. OC	Date  JES TO OFFICERS A  (X) Change ( ) Addition , GEORGE M.D.  CEAN DRIVE HE SEA, FL  ( ) Change (X) Addition R, VIRGINIA	AND DIRECT

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCE REILLY RA 09/30/2007