2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# 597201

Entity Name: OCEAN HYPERBARIC NEUROLOGIC CENTER, INC.

Current Principal Place of Business:

4001 N. OCEAN DR.
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

New Principal Place of Business:

4001 NORTH OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

Current Mailing Address:

4001 N. OCEAN DR.
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

New Mailing Address:

4001 NORTH OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

FEI Number: 59-1866807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REILLY, VINCE
4001 OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

Name and Address of New Registered Agent:

REILLY, VINCE
4001 NORTH OCEAN DRIVE
SUITE 105
LAUDERDALE BY THE SEA, FL 33308 US

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: VINCE REILLY 04/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAVIGLUS, GEORGE M.D, .
Address: 4001 N. OCEAN DRIVE
City-St-Zip: LAUD BY THE SEA, FL

Title: P ( ) Delete
Name: NEUBAUER, VIRGINIA
Address: 4001 N. OCEAN DRIVE
City-St-Zip: LAUD BY THE SEA, FL 33308

Title: V ( ) Delete
Name: NEUBAUER, MARION
Address: 4001 N. OCEAN DRIVE
City-St-Zip: LAUD BY THE SEA, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: NEUBAUER, VIRGINIA
Address: 4001 NORTH OCEAN DRIVE
City-St-Zip: LAUD BY THE SEA, FL 33308

Title: V (X) Change ( ) Addition
Name: NEUBAUER, MARION
Address: 4001 NORTH OCEAN DRIVE
City-St-Zip: LAUD BY THE SEA, FL 33308

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 AGEN 04/08/2008
Electronic Signature of Signing Officer or Director Date