

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
FILED

pg. 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/30/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0563097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002704 (2)**  
1. Corporation Name  
**HYPERBARIC MANAGEMENT SERVICES CORPORATION**

Principal Place of Business <b>7555 GARDEN ROAD, STE B RIVIERA BEACH FL 33404</b>	Mailing Address <b>7555 GARDEN ROAD, STE B RIVIERA BEACH FL 33404</b>
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2. Principal Place of Business 21 <b>4237 Salisbury Road</b> Suite, Apt. #, etc. 22 <b>Suite 308</b> City & State 23 <b>Jacksonville, FL</b> Zip 24 <b>32216</b> Country 25 <b>Duval</b>	2a. Mailing Address 26 <b>4237 Salisbury Road</b> Suite, Apt. #, etc. 27 <b>Suite 308</b> City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>32216</b> Country 30 <b>Duval</b>
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9. Name and Address of Current Registered Agent

**MATTEY, VIVIANE  
7555 GARDEN ROAD, STE B  
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

81 Name <b>Amos F. Almand, III</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4237 Salisbury Road</b>
83 <b>Suite 308</b>
84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32216</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Amos F. Almand, III* **Amos F. Almand, III** *August 18, 1997*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<b>PD</b>
NAME	<b>MATTEY, VIVIANE</b>	1.2 NAME	<b>Amos F. Almand, III</b>
STREET ADDRESS	<b>7555 GARDEN ROAD</b>	1.3 STREET ADDRESS	<b>4237 Salisbury Road, Suite 308</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32216</b>
TITLE	<b>C</b>	2.1 TITLE	<b>DT</b>
NAME	<b>BRYANT, W R</b>	2.2 NAME	<b>Steven Turner</b>
STREET ADDRESS	<b>7555 GARDEN ROAD</b>	2.3 STREET ADDRESS	<b>4237 Salisbury Road, Suite 308</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32216</b>
TITLE	<b>CD</b>	3.1 TITLE	<b>S</b>
NAME	<b>TURNER, KERRIGAN</b>	3.2 NAME	<b>Kim Macelt</b>
STREET ADDRESS	<b>7555 GARDEN ROAD</b>	3.3 STREET ADDRESS	<b>4237 Salisbury Road, Suite 308</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32216</b>
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>TURNER, ADAM</b>	4.2 NAME	
STREET ADDRESS	<b>7555 GARDEN ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Amos F. Almand, III* **Amos F. Almand, III, Pres.** (904)281-9862

CR2E034 (4/97)

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BRANT, MOORE, MACDONALD & WELLS, P. A.

ATTORNEYS AND COUNSELLORS  
SUITE 3100-BARNETT CENTER  
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32202

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OF COUNSEL

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MAILING ADDRESS:  
POST OFFICE BOX 4548  
JACKSONVILLE, FLORIDA  
32201-4548

August 18, 1997

Division of Corporations  
Annual Reports Section  
Post Office Box 6327  
Tallahassee, Florida 32314-6327


Re: Hyperbaric Management Services, Inc. (the "Corporation") - 1997 Profit Corporation Annual Report ("Report")

Dear Sir/Madam:

Enclosed for filing on behalf of our client, Hyperbaric Management Services, Inc. We are also enclosing our check in the amount of \$173.70, representing the filing fee of \$165.00, and the \$8.75 fee for a Certificate of Status. We were informed by a representative of your office that since we never received the 1st Notice, we will not be required to pay the 2nd notice filing fee of \$550.00.

Please call me if you have any questions. I not, I look forward to receiving the requested Certificate of Status.

Sincerely,

  
Hilde V. Howell,  
Legal Assistant to  
Stephen G. Prom, Esquire

/hh  
Enclosure  
107924.1