


NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005811		
1. Corporation Name HYPERBARIC OXYGEN THERAPY ASSOCIATION, INC.		
Principal Place of Business 4225 EALT LA PALMA AVENUE ANAHEIM CA 90807	Mailing Address C/O SCOTT BRYARS 4225 EAST LA PALMA AVENUE ANAHEIM CA 90807	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21 11550 IH-10 west	26 11550 IH-10 west	10/12/1998
22 Suite, Apt. #, etc. Suite 295	27 Suite, Apt. #, etc. Suite 295	4. FEI Number 33-0825867
23 City & State San Antonio, TX	28 City & State San Antonio, TX	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 78230	29 Zip 78230	30 Country USA
25 Country USA	31 Country USA	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIS, GREGORY J
 707 SOUTHEAST THIRD AVENUE
 SUITE 300
 FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
President	Jimmy LeDoux	President "D"	Jimmy LeDoux
11550 IH-10 west, suite 295	11550 IH-10 west, suite 295	13 STREET ADDRESS	11550 IH-10 west, suite 295
San Antonio, TX 78230	San Antonio, TX 78230	14 CITY-ST-ZIP	San Antonio, TX 78230
V.P.	J.B. Wilmeth, M.D.	2.1 TITLE	V.P. "D"
819 South Moorpark Road	819 South Moorpark Road.	2.2 NAME	J.B. Wilmeth, M.D.
Thousand Oaks, CA 91361	Thousand Oaks, CA 91361	2.3 STREET ADDRESS	819 South Moorpark Road.
Secretary	MARC R. KAISER	2.4 CITY-ST-ZIP	Thousand Oaks, CA 91361
3663 South Miami Avenue	3663 South Miami Avenue	3.1 TITLE	Secretary "D"
Miami, FL 33133	Miami, FL 33133	3.2 NAME	MARC R. KAISER
Treasurer	Steve Wood	3.3 STREET ADDRESS	P.O. Box 2039
11550 IH-10 west, #295	11550 IH-10 west, #295	3.4 CITY-ST-ZIP	Boca Raton, FL 33427
San Antonio, TX 78230	San Antonio, TX 78230	4.1 TITLE	Treasurer "D"
		4.2 NAME	Steve Wood
		4.3 STREET ADDRESS	11550 IH-10 west, suite 295
		4.4 CITY-ST-ZIP	San Antonio, TX 78230
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC R. KAISER Sec. 9-10-99 305-854-0300

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