

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000004327

Entity Name: UNDERSEA AND HYPERBARIC MEDICAL SOCIETY, INC

Current Principal Place of Business:

631 US HWY 1 #307
NORTH PALM BEACH, FL 33408

Current Mailing Address:

631 US HWY 1 #307
NORTH PALM BEACH, FL 33408 US

FEI Number: 23-7066181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, JOHN S
631 US HWY 1 #307
NORTH PALM BEACH, FL 33408 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WITUCKI, PETER MD
Address 631 US HWY 1 #307
City-State-Zip: NORTH PALM BEACH FL 33408

Title VP
Name BALESTRA, BRETT PHD
Address 631 US HWY 1 #307
City-State-Zip: NORTH PALM BEACH FL 33408

Title OFFICER
Name ROBINS, MARC MD
Address 631 US HWY 1 #307
City-State-Zip: NORTH PALM BEACH FL 33408

Title TREASURER
Name GELLY, HELEN MD
Address 631 US HWY 1 #307
City-State-Zip: NORTH PALM BEACH FL 33408

Title EXECUTIVE DIRECTOR
Name PETERS, JOHN S.
Address 631 US HWY 1 #307
City-State-Zip: NORTH PALM BEACH FL 33408

Title OFFICER
Name OWEN , O'NEILL MD
Address 631 US HWY 1 #307
City-State-Zip: NORTH PALM BEACH FL 33408

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN S. PETERS

EXECUTIVE DIRECTOR

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date