## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004327

Entity Name: UNDERSEA AND HYPERBARIC MEDICAL SOCIETY, INC

FILED
Jan 30, 2022
Secretary of State
7442623120CC

**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 OFFICER Title VF

Name BIRD, NICHOLAS MD Name KAIGHLEY, BRETT MD

Address 631 US HWY 1 #307 Address 631 US HWY 1 #307

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

Title PRESIDENT Title TREASURER

Name ROBINS, MARC MD Name GELLY, HELEN MD

Address 631 US HWY 1 #307 Address 631 US HWY 1 #307

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

Title EXECUTIVE DIRECTOR Title OFFICER

Name PETERS, JOHN S. Name PETER, WITUCKI MD Address 631 US HWY 1 #307 Address 631 US HWY 1 #307

City-State-Zip: NORTH PALM BEACH FL 33408 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

Electronic Signature of Signing Officer/Director Detail

EXECUTIVE DIRECTOR 01/30/2022

Date