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
Name and Address of Current Registered Agent:
PETERS, JOHN S 631 US HWY 1 #307

### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## С

NORTH PALM BEACH, FL 33408 US

# FILED Jan 18, 2020 **Secretary of State** 9101025658CC

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	P	Title	VP	
Name	BIRD, NICHOLAS MD	Name	LINDEN, RONALD 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	PE	Title	TREASURER	
Name	ROBINS, MARC MD	Name	GESELL, LAURIE 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	PAST PRESIDENT	
Name	PETERS, JOHN S.	Name	HUANG, ENOCH 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

01/18/2020 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date