

**2019 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 P  
Name HUANG, ENOCH MD  
Address 3001 N GANTENBEIN AVE  
City-State-Zip: PORTLAND OR 97227

Title VP  
Name BOSCO, GERARDO MD  
Address VIA MARZOLO 3  
City-State-Zip: 35131 PADOVA ITALY

Title PE  
Name BIRD, NICHOLAS MD  
Address 86 HAMILTON RD  
City-State-Zip: CHAPEL HILL NC 27517

Title IPP  
Name HOLM, JIM MD  
Address 1100 NINTH AVE H4-CHM  
City-State-Zip: SEATTLE WA 98101

Title PP  
Name FELDMIEIER, JOHN DO  
Address 30283 CLOUD VIEW DR  
City-State-Zip: BULVERDE TX 78163

Title T  
Name GESELL, LAURIE B MD  
Address 2901 W KINNICKINNIC TIVER PRKWY #311  
City-State-Zip: MILWAUKEE WI 53215

Title EXECUTIVE DIRECTOR  
Name PETERS, JOHN S.  
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**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date