

# FD1000004455

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I HMA, INC.  
(Name of Corporation - must include suffix)

MJH

8/20

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Ken Locklear  
(Name of Person)

I HMA, INC. (International Hyperbaric Medical Association)  
(Firm/Company)

1140 Cheryl Rd.  
(Address)

West Palm Beach, FL 33417  
(City/State and Zip Code)

For further information concerning this matter, please call:

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-08/20/01--01129--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Ken Locklear at (561) 640-4546  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status, & Certified Copy

FILED

01 AUG 20 AM 11:06

SECRETARY OF  
STATE  
TALLAHASSEE, FL 32304

Ken Locklear GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT name  
DATE 8/22  
DOC. EXAM MJH

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. IHMA, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Michigan  
(State or country under the law of which it is incorporated)
3. FEIN = 31-1790906  
(FEI number, if applicable)
4. 8/6/01  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. 5/25/01  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 1140 Cheryl Road West Palm Beach, FL 33417  
(Principal office address)
- Same  
(Current mailing address)

8. Formulate ethical & scientific standards for Hyperbaric Medicine  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Ken Locklear

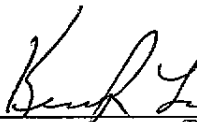
Office Address: 1140 Cheryl Road

West Palm Beach, Florida 33417  
(City) (Zip Code)

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01 AUG 20 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Executive Director: Kenneth R. Locklear

Chairman:

Address: 1140 Cheryl Rd.

West Palm Beach, FL 33417

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Paul G. Harch, M.D.

Address: 1816 Industrial Blvd.

Harvey, LA 70058

Vice President:

Address:

Secretary:

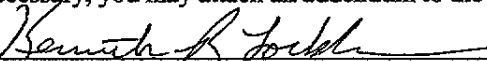
Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

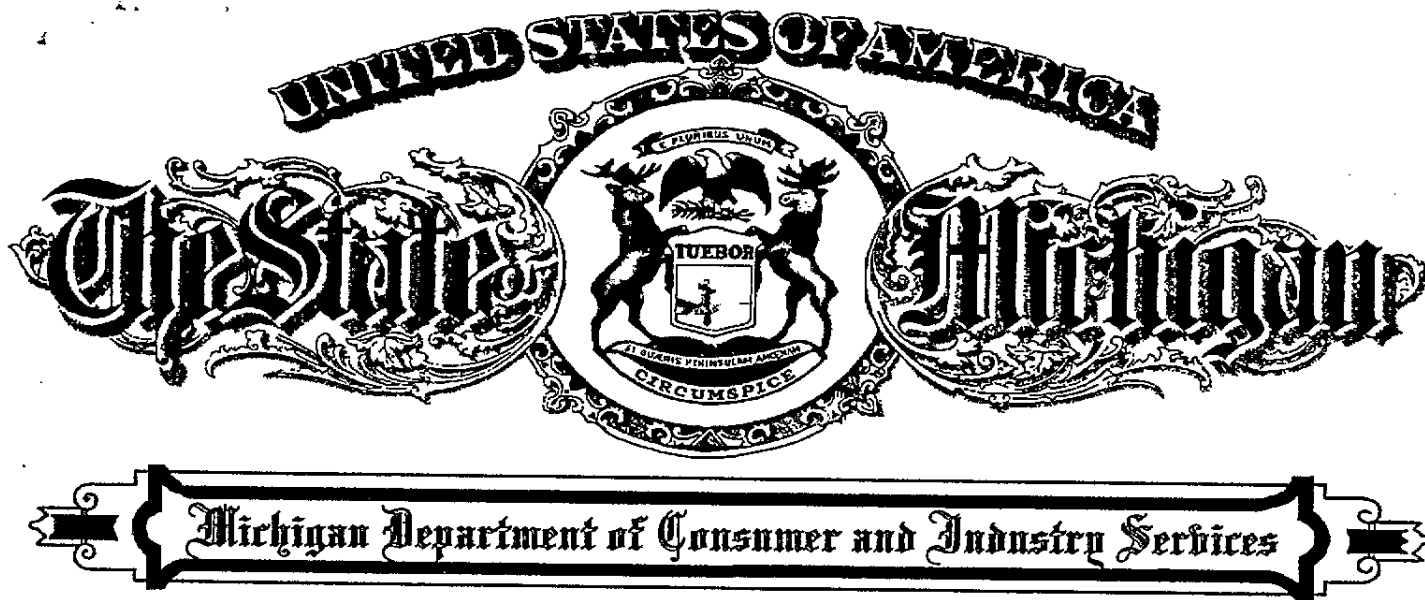


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Kenneth R. Locklear, Executive Director

(Typed or printed name and capacity of person signing application)



Lansing, Michigan

*This is to Certify That*

**IHMA, INC.**

*was validly incorporated on August 6, 2001, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of August, 2001*

*Andrew L. Mettelf* , Director

Bureau of Commercial Services