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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Undersea & Hyperbaric Medical Society, Inc.

Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" 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:

John S. Peters

Name of Person

UHMS

Firm/Company

631 US Highway 1, Suite 307

Address

North Palm Beach, FL 33408

City/State and Zip Code

jpeters@uhms.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John S. Peters

Name of Person

at (561) 776-6110

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. Undersea Hyperbaric Medical Society, Incorporated

(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 23-7066181

(FEI number, if applicable)

4. 05/05/2009

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 07/01/2014

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 631 US Highway 1, Suite 307, North Palm Beach, FL 33408

(Principal office address)

631 US Highway 1, Suite 307, North Palm Beach, FL 33408

(Current mailing address)

8. International Membership Medical Society since 1967

(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 **NOT** acceptable)

Name: John S. Peters

Office Address: 631 US Highway 1, Suite 307

North Palm Beach

(City)

, Florida 33408

(Zip Code)

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

Chairman: James R. Holm, MD, FACP, FACEP, FUHM

Address: 1100 Ninth Avenue, H4-CHM
Seattle, WA 98101

Vice Chairman: Folke Lind, MD, PhD, FUHM

Address: Stromkarlvagen 60
SE 167 62, Bromma, Sweden

Director: Enoch Huang, MD, FUHM

Address: 10201 SE Main Street, Suite 9
Portland, OR 97216

Director: John Feldmeier, DO, FUHM

Address: 3000 Arlington Ave.
Toledo, OH 43614

B. OFFICERS

President: James R. Holm, MD, FACP, FACEP, FUHM

Address: 1100 Ninth Avenue, H4-CHM
Seattle, WA 98101

Vice President: Folke Lind, MD, PhD, FUHM

Address: Stromkarlvagen 60
SE 167 62, Bromma, Sweden

Secretary: _____

Address: _____

Treasurer: Enrico Camporesi, MD, FUHM

Address: 459 Severn Ave, Tampa FL 33606

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

13. Enrico Camporesi MD FUHM
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Enrico Camporesi, MD, FUHM

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

FILED
15 JAN -5 PM 4:17
STATE
FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby
certify that

UNDERSEA AND HYPERBARIC MEDICAL SOCIETY

is a corporation duly incorporated under the laws of the State of North Carolina,
having been incorporated on the 5th day of May, 2009 , with its period of duration being
Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not
suspended for failure to comply with the Revenue Act of the State of North Carolina; that
the said corporation is not administratively dissolved for failure to comply with the
provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation
has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 31st day of December, 2014.

Elaine F. Marshall

Secretary of State



Scan to verify online.