

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90011 036 ***158.75

DOCUMENT # H65622

1. Entity Name
HYPERBARICS INTERNATIONAL, INC.



Principal Place of Business

522 522 CARIBBEAN DR
KEY LARGO, FL 33037

Mailing Address

522 % DICK RUTKOWSKI
490 CARIBBEAN DRIVE
KEY LARGO, FL 33037

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2615759

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

522 RUTKOWSKI, RICHARD L
490 CARIBBEAN DR.
KEY LARGO, FL 33037

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
522 PST
RUTKOWSKI, RICHARD L
STREET ADDRESS 490 CARIBBEAN DR
CITY- ST- ZIP KEY LARGO, FL 33037

TITLE
NAME
522 D
RUTKOWSKI, RICHARD L
STREET ADDRESS 490 CARIBBEAN DR
CITY- ST- ZIP KEY LARGO, FL 33037

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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-07 305451-2551