

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K37952

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HYPERBARIC MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

3663 SOUTH MIAMI AVE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2039  
BOCA RATON, FL 33427 US

**New Mailing Address:**

**FEI Number:** 65-0101399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAISER, MARC R  
3663 S. MIAMI AVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

KAISER, MARC R  
ONE SOUTH OCEAN BLVD.,  
SUITE 300  
BOCA RATON, FL 33432 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: MARC R KAISER

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: KAISER, MARC R  
Address: ONE SOUTH OCEAN BLVD., SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

Title: C  
Name: KAISER, MARC R  
Address: ONE SOUTH OCEAN BLVD., SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC R. KAISER

PST

04/29/2011

Electronic Signature of Signing Officer or Director

Date