

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099762

FILED
Mar 20, 2009
Secretary of State

Entity Name: NAPLES HYPERBARIC, LLC.

Current Principal Place of Business:

MEDICAL CTR-HYPERBARIC & WOUND CARE UNIT
8300 COLLIER BLVD
NAPLES, FL 34114 US

New Principal Place of Business:

PRMC WOUND CARE AND HYPERBARIC UNIT
8340 COLLIER BLVD SUITE 302
NAPLES, FL 34114 US

Current Mailing Address:

3 CROSSWAY PARK DR. WEST
WOODBURY, NY 11797 US

New Mailing Address:

FEI Number: 26-1167135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTELLA, JONATHAN
8859 VENTURA WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACHER, JOEL
Address: 3 CROSSWAY PARK WEST
City-St-Zip: WOODBURY, NY 11797 US

Title: MGRM () Delete
Name: ROTELLA, JOHN
Address: 8859 VENTURA WAY
City-St-Zip: NAPLES, FL 36109 US

Title: MGRM () Delete
Name: RICHER, ALAN
Address: 3 CROSSWAY PARK WEST
City-St-Zip: WOODBURY, NY 11797 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOEL MACHER

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date