

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 032 \*\*\*\*\*50.00

DOCUMENT # M06000005422

1. Entity Name

HYPERBARIC SERVICES OF THE PALM BEACHES LLC



Principal Place of Business

Mailing Address

C/O BRANE-STORM, L.L.C.  
101 N. JAY STREET  
MIDDLEBURG VA 20117

C/O BRANE-STORM, L.L.C.  
101 N. JAY STREET  
MIDDLEBURG VA 20117



2. Principal Place of Business - No P.O. Box #

525 NE 3<sup>rd</sup> Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33444

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGR HALL, CONNIE  
STREET ADDRESS 101 N. JAY STREET  
CITY ST ZIP MIDDLEBURG VA 20117

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Connie Hall, manager* 2/9/07 540687 9315