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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000398

1. Corporation Name

THE FLORIDA INSTITUTE OF HYPERBARIC AND DIVE MEDICINE, INC.

Principal Place of Business	Mailing Address
519 NORTH HARBOR CITY BOULEVARD MELBOURNE FL 32935	P.O. BOX 2227 MELBOURNE FL 22901

2. Principal Place of Business 21 1698B W. Hibiscus	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/16/1997
Suite, Apt. #, etc. 22 BLDG K	Suite, Apt. #, etc. 27	4. FEI Number 59-3517189 ☐ Applied For ☐ Not Applicable
City & State 23 Melbourne	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / County 24 32901 25 BREVARD	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: Deborah A. Buza
82 Street Address (P.O. Box Number Is Not Acceptable): 1698 W. Hibiscus
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Deborah A. Buza 4-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDMEIER, DENNIS 13365 OVERSEAS HIGHWAY STE 101 MARATHON FL 33050	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1698B W. Hibiscus Melbourne FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZA, PAUL W 13365 OVERSEAS HIGHWAY STE 101 MARATHON FL 33050	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1698B W. Hibiscus Melbourne FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZA, DEBORAH A 13365 OVERSEAS HIGHWAY STE 101 MARATHON FL 33050	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	1698B W. Hibiscus Melbourne FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALONEN, ROBERT E 13365 OVERSEAS HIGHWAY STE 101 MARATHON FL 33050	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	1698B W. Hibiscus Melbourne FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: SIGNATURE REQUIRED 3/15/99 407-254-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #