

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2006  
Secretary of State**

DOCUMENT# N97000003179

Entity Name: HYPERBARIC RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

3663 SOUTH MIAMI AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 273790  
BOCA RATON, FL 33427

**New Mailing Address:**

FEI Number: 65-0787791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIS, GREGORY J  
110 E. BROWARD BLVD.  
SUITE 1860  
FORT LAUDERDALE, FL 33301 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KAISER, MARC R  
Address: 3663 S MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: HEINITSH, HARRY E MD  
Address: 2300 PINETREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: STRBA, BEVERLEY RN  
Address: 3663 S MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: WILLIS, GREGORY J ESQ  
Address: 707 SE 3RD AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC R. KAISER

D

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date