

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003179

FILED  
Apr 23, 2009  
Secretary of State

**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:**

KAISER, MARC R  
ONE SOUTH OCEAN BLVD.  
SUITE 315  
BOCA RATON, FL 33432 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

04/23/2009

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: RUOTSI, LEE MD  
Address: 5320 MILITARY ROAD, SUITE 104  
City-St-Zip: LEWISTON, NY 14092

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: ONE SOUTH OCEAN BLVD. SUITE 315  
City-St-Zip: BOCA RATON, FL 33442

**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: D (X) Change ( ) Addition  
Name: WILLIS, GREGORY J ESQ  
Address: ONE SOUTH OCEAN BLVD. SUITE 300  
City-St-Zip: BOCA RATON, FL 33442

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 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date