2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N99000002715

Entity Name: HYPERBARIC OXYGENATION AND NEUROLOGY, INC.

Current Principal Place of Business:

4001 OCEAN DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

4001 OCEAN DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

FEI Number: 65-0916746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEER, W. MORGAN ESQUIRE
1800 AUSTRALIAN AVENUE SOUTH., STE 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

REILLY, VINCE
4001 OCEAN DIRVE
SUITE 105
LAUDERDALE BY THESEA, FL 33308 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: VINCE REILLY 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NEUBAUER, RICHARD A MD..
Address: 4001 OCEAN DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D ( ) Delete
Name: SPEER, W. MORGAN
Address: 1800 AUSTRALIAN AVENUE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: GRANT, FRED
Address: 660 LINTON BLVD., SUITE 207
City-St-Zip: DELRAY BEACH, FL 33444

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VINCE REILLY DIR. 04/29/2005
Electronic Signature of Signing Officer or Director Date