N99000002715

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 SEP 11 PM 4:52

DOCUMENT # N99000002715

1. Entity Name

Hyperbaric Neurologic Foundation, Inc.

DO NOT WRITE IN THIS SPACE

800023119778
09/11/03--01069--003 **96.25

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2. Principal Place of Business	3. Mailing Address
4001 Ocean Drive	4001 Ocean Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderdale-by-the-Sea, FL	City & State: Lauderdale-by-the-Sea, FL
Zip: 33308 Country:	Zip: 33308 Country:

4. FEI Number: 65-0916746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Speer, W. Morgan Esquire

Street Address (P.O. Box Number is Not Acceptable): 1800 Australian Avenue South

Suite 100

City: West Palm Beach FL Zip Code: 33409

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 _____ DATE DC 09/16/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Neubauer, Richard A. MD.
STREET ADDRESS	4001 Ocean Drive
CITY-ST-ZIP	Lauderdale-by-the-Sea, FL
TITLE	D
NAME	Speer, W. Morgan
STREET ADDRESS	1800 Australian Ave. South #100
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D
NAME	Grant, Fred
STREET ADDRESS	660 Linton Blvd. Suite 207
CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	
NAME	
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CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Morgan Speer 9-10-03 561-655-9498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #