


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 049 ***150.00

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| DOCUMENT # P06000037621 |  |
| 1. Entity Name PONTE VEDRA HYPER-BARIC OXYGEN THERAPY CENTER, INC. | |

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| Principal Place of Business 136 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082 | Mailing Address 136 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082 |
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|---|-----------------------|
| 2. Principal Place of Business - No P.O. Box # 1110 A1A | 3. Mailing Address |
| Suite, Apt. #, etc. Suite 101 | Suite, Apt. #, etc. |
| City & State Ponte Vedra Beach, FL | City & State |
| Zip 32082 | Country USA |

40000000



01122007 Chg-P CR2E034 (12/06)

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|--|---|
| 6. Name and Address of Current Registered Agent WALKER, JAMES V 228 PONTE VEDRA PARK DRIVE STE 200 PONTE VEDRA BEACH, FL 32082 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KYLE, BARBARA E 184 LAUREL LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BURLEIGH, DENNIS J 136 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Dennis Burleigh**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.07
Date

904-219-5312
Daytime Phone #