

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075096 (4)

1. Corporation Name

**HYPERBARIC MANAGEMENT SERVICES CORPORATION - COL
UMBIA WPB**



Principal Place of Business

**7555 GARDEN ROAD
RIVIERA BEACH FL 33404**

Mailing Address

**7555 GARDEN ROAD
RIVIERA BEACH FL 33404**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

4. FEI Number

65-0611886

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COONEY, WARD, LESHER & DAMON
1555 PALM BEACH LAKES BLVD.
SUITE 1000
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(Initials: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Viviane A. Matthey	
1.3 STREET ADDRESS	7555 Garden Road	
1.4 CITY - ST - ZIP	Riviera Beach, Fl. 33404	
2.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. Robert Bryant	
2.3 STREET ADDRESS	7555 Garden Road	
2.4 CITY - ST - ZIP	Riviera Beach, Fl. 33404	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Viviane A. Matthey	
3.3 STREET ADDRESS	7555 Garden Road	
3.4 CITY - ST - ZIP	Riviera Beach, Fl. 33404	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kerrigan Turner	
4.3 STREET ADDRESS	7555 Garden Road	
4.4 CITY - ST - ZIP	Riviera Beach, Fl. 33404	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Adam Turner	
5.3 STREET ADDRESS	7555 Garden Road	
5.4 CITY - ST - ZIP	Riviera Beach, Fl. 33404	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Viviane Matthey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/96

Date

407-840-0395

Daytime Phone

CR2E034 (12/95)