

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000063071 (9)**  
 1. Corporation Name  
**PERLMUTTER HYPERBARIC CENTER, INC.**



Principal Place of Business <b>800 GOODLETTE ROAD NORTH                  SUITE 270                  NAPLES FL 34102</b>	Mailing Address <b>800 GOODLETTE ROAD NORTH                  SUITE 270                  NAPLES FL 34102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>1044 Castello Drive</b>	<b>07/18/1997</b>	
Suite, Apt. #, etc. 22 <b>Suite 160</b>		Suite, Apt. #, etc. 27 <b>Suite 105</b>		4. FEI Number	Applied For
City & State		City & State		<b>05-0785290</b>	Not Applicable
23		28	<b>Naples FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29	<b>34103</b>	30 <b>USA</b>	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MORRISON, DAVID N**  
**3838 TAMIAMI TRAIL NORTH**  
**SUITE 402**  
**NAPLES FL 34103**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBISON, STEPHEN V</b>	1.2 NAME	
STREET ADDRESS	<b>3838 TAMIAMI TRAIL NORTH, SUITE 402</b>	1.3 STREET ADDRESS	<b>1044 Castello Dr # 105</b>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	1.4 CITY-ST-ZIP	<b>Naples FL 34103</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERLMUTTER, DAVID M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>3838 TAMIAMI TRAIL NORTH, SUITE 402</b>	2.3 STREET ADDRESS	<b>1044 Castello Dr. #105</b>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	2.4 CITY-ST-ZIP	<b>Naples FL 34103</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Larry O Manning</b>	3.2 NAME	
STREET ADDRESS	<b>1044 Castello Dr # 105</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Naples FL 34103</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ma Marc</b>	4.2 NAME	
STREET ADDRESS	<b>1044 Castello Dr # 105</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Naples FL 34103</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ **3/4/98** **261,0002**

CR2E034 (10/97)