

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000063071 (9)

1. Corporation Name

PERLMUTTER HYPERBARIC CENTER, INC.

Principal Place of Business

800 GOODLETTE ROAD NORTH
SUITE 270
NAPLES FL 34102

Mailing Address

800 GOODLETTE ROAD NORTH
SUITE 270
NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b. 1044 Castello Drive		07/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 160		27 Suite 105		05-0785290	
City & State		City & State		Applied For	
23		28 Naples FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29 34103		34103	
Country		Country		8.75 Additional Fee Required	
25		30 USA		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

[Signature]

3/4/98

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CR2E034 (10/97)