

By: MORRISO & CONROY PA;
PERLMUTTER MEDICAL

9416498140;
941 649 6570

May-2
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FILED
Jun 21, 2000 8:00 am
Secretary of State

04-03-2000 90203 047 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063071

1. Entity Name
PERLMUTTER HYPERBARIC CENTER, INC.
800 GOODLETTE ROAD NORTH, SUITE 270



Principal Place of Business
800 GOODLETTE RD. NORTH
NAPLES, FL 34102

Mailing Address
800 GOODLETTE RD. NO. #270
NAPLES, FL 34102

104215

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
800 GOODLETTE ROAD N. #270
Suite, Apt. #, etc.
City & State
NAPLES, FLORIDA 34102
Zip Country
34102 USA

4. FEI Number
65-0785290
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
J. THOMAS CONROY
3838 TAMIAHI TRIL NORTH
NAPLES, FLORIDA 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
SIGNATURE: [Signature] DATE: [Date]

9. This corporation is eligible to satisfy its Intergate Tax filing requirement and elects to do so. (See criteria on back)



10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 11 or Block 12 if changed, or on an attachment with an address, with all other file empowered.

SIGNATURE: [Signature] DAVID PERLMUTTER, PRES. x 3/09/00 (941) 649-8182