

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063071

1. Entity Name

PERLMUTTER HYPERBARIC CENTER, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90023 050 \*\*\*150.00

Principal Place of Business

800 GOODLETTE ROAD NORTH  
SUITE 1270  
NAPLES FL 34102  
US

Mailing Address

800 GOODLETTE ROAD NORTH  
SUITE 1270  
NAPLES FL 34102  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 270

Suite, Apt. #, etc.

SUITE 270

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0785290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	D	ROBISON, STEPHEN V	1044 CASTELLO DR #105 NAPLES FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PERLMUTTER, DAVID M.D.	1044 CASTELLO DR #105 NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT, DIRECTOR	800 GOODLETTE ROAD NORTH, #270 NAPLES, FL 34102	
<input checked="" type="checkbox"/> Delete	D	MANNING, LARRY	1044 CASTELLO DR #105 NAPLES FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	MACE, ED	1044 CASTELLO DR #105 NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		720 GOODLETTE ROAD NORTH, #202 NAPLES, FL 34102	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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)(i), 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 like empowered.

SIGNATURE: X

DAVID PERLMUTTER, PRES.

Date

Daytime Phone #

CR2E034 (10/00)