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

PROFIT CORPORATION ANNUAL REPORT

1998

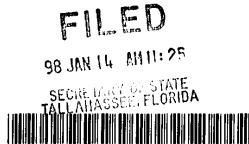


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087731 (0)



HYPERPARIC HEALING SOUTHEAST, INC.								
Principal Place	of Business	Mailing Add	dress			4 CORESPONDENT AND TOWNS TOWNS OR THE WORLD CONTROL CONTROL FORMAN AND THE STREET)(111 11	
3175 SW 8TH ST. 3175 SW 8TH ST. MIAMI FL 33135 MIAMI FL 33135								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	ł	
			A and the same			10/09/1997		
2. Principal Pla	ice of Business	<u> </u>	2a. Mailing Address			4. FE! Number Applied (05 - 080 2790 Not Ap	od For pplicable	
Suite, Apt. #	, etc.	Suite, Ar	Suite, Apt. #, etc.			SR 75 Addit	tional	
22		27				5. Certificate of Status Desired Fee Require	red	
City & State		City & St	City & State			6. Election Campaign Financing \$5.00 May	y Be	
23		28				Trust Fund Contribution Added to Fe		
Zip	Country	Zip	<u> </u>		У	 This corporation owes or has paid the current year Intangil 	\ \	
24	25	[29]	30	<u> </u>		Personal Property Tax due June 30. Yes No	0	
	9. Name and Address of (Jurrent Registered Age	ent		I No	10. Name and Address of New Registered Agent		
	RIST, JAY			61	Name)	Į	
10650 SW 137TH ST.					Street #	t Address (P.O. Box Number is Not Acceptable)		
MAIM	/II FL 33176) }			
				84	City	FL 85 Zip Code	e	
office or reg agent. I am SIGNATURE	the provisions of Sections 6t gistered agent, or both, in the familiar with, and accept the foretime, typed or printed name of regist	e Slate of Florida. Such on obligations of, Section	change was aut 607.0505, Floric	horized b	y the corp	d corporation submits this statement for the purpose of changing its registroration's board of directors. I hereby accept the appointment as registrequired when reinstaing) DATE	gistered istered	
12.	OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12	
TITLE	D+P		DELETE	1.1 TITLE	DΛ	NO AND VKCSIDOWE TO NO	Addilion	
NAME	HERSKOVITZ, DAVID			1.2 NAME	- , ,	10650 SW 137 Th ST HAMI, FC 33176-6628		
STREET ADDRESS	9465 WILSHIRE BLVD.,	SUITE 515		1.3 STREE	T ADDRESS	1065030 73/24-6628		
CITY-ST-ZIP	BEVERLY HILLS CA 902	!12		1.4 CiTY-1	ST-ZIP	HAMI, FC 33176-6628		
TITLE			DELETE	2.1 1/TLE		☐ Change	Addition	
NAME				2.2 NAME	ļ		ļ	
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY+ST-ZIP				2. 4 CITY-	S1-ZIP			
TITLE		L	_] DELETE	3.1 TITLE	ĺ	Change	Addition	
NAME				32 NAME	1			
STREET ADDRESS				3.3 STREE	T ADDRESS		ľ	
CITY-ST-ZIP				3.4. CITY-	ST - ZIP	100002399491-		
TITLE			DELETE	4.1 THILE	1	-01/14/9801030*-02		
NAME				4. 2 NAME	- 1	****185.00 ****150	.00	
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP		T. 72.	
TITLE		L	DELETE	51 TITLE		I HOW LINE	Addition	
NAME				5.2 NAME	ĺ	MALLEN		
STREET ADDRESS				5.3 STREE	T ADDRESS	// '		
CITY-ST-ZIP			l bit ere	5.4 CITY-	ST-ZIP			
TITLE		L	_] DELETE	6.1 TITLE		Change [_]	Addition	
NAME				6.2 NAME	ļ		ļ	
STREET ADDRESS				6.3 STREE	ADDRESS			
CITY-ST-ZIP				64 CITY-5	ST-ZIP	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

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.