

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90002 048 ***158.75

DOCUMENT # P99000066618

1. Entity Name

OXYSPA, INC.

Principal Place of Business

Mailing Address

375 1ST ST.
ATLANTIC BEACH FL 32233375 1ST ST.
ATLANTIC BEACH FL 32233-5227**048000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

333 North First Street**333 North First Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200-D**Suite 200-D**

City & State

City & State

Jacksonville Beach, FL**Jacksonville Beach, FL**

Zip

Country

Zip

Country

32250**Duval****32250****Duval**

4. FEI Number

Applied For

59-3587060

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BERRY, MICHAEL L JR
FOUR SAWGRASS VILLAGE, STE. 205B
PONTE VEDRA BEACH FL 32082

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **President**
STREET ADDRESS **Robert van Winkel**
CITY-ST-ZIP **13074 South Autumn River Road**
Jacksonville, FL 32224TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Robert Aspinwall**
CITY-ST-ZIP **8430 Commonwealth Avenue**
Jacksonville, FL 32220TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Secretary**
STREET ADDRESS **Frederick Kerber**
CITY-ST-ZIP **375 First Street**
Atlantic Beach, FL 32233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Treasurer**
STREET ADDRESS **David J. Muires**
CITY-ST-ZIP **2412 Stockton Drive**
Green Cove Springs, FL 32043TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Medical Director**
STREET ADDRESS **Samir Najjar**
CITY-ST-ZIP **8231 Shady Grove Court**
Jacksonville, FL 32256TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

904/246-6221

SIGNATURE:

Frederick Kerber Secretary **Frederick Kerber** **04/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)