

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90029 007 \*\*\*158.75

659394

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000066618**

1. Entity Name  
**OXYSPA, INC.**

2. Principal Place of Business  
**P.O. Box 33-1043**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 33-1043**  
 Suite, Apt. #, etc.

City & State  
**Atlantic Beach, Florida**

City & State  
**Atlantic Beach, Florida**

Zip Country  
**32233-1043 Duval**

Zip Country  
**32233-1043 Duval**

4. FEI Number  
**59-3587060**

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

6. Name and Address of Current Registered Agent  
**Berry, Michael L. Jr.**  
**FOUR Sawgrass Village, Ste 205B**  
**Ponte Vedra Beach, FL 32082**

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

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 \_\_\_\_\_ (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	<b>President</b> <b>Robert J. vanWinkel</b> <b>13074 South Autumn River Road</b> <b>Jacksonville, FL 32224</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Robert Aspinwall</b> <b>8430 Commonwealth Avenue</b> <b>Jacksonville, FL 32220</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Frederick A. Kerber</b> <b>12322 North Brighton Bay Trail</b> <b>Jacksonville, FL 32246</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>David J. Muynes</b> <b>2412 Stockton Drive</b> <b>Green Cove Springs</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Medical Director</b> <b>Samir Najjar</b> <b>8231 Shady Grove Court</b> <b>Jacksonville, FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Frederick A. Kerber** Secretary **Frederick A. Kerber** 904/220-1964 04/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/00)