

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42917

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** HYPERBARIC MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

3663 SOUTH MIAMI AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

3663 SOUTH MIAMI AVENUE  
MIAMI, FL 33133 US

**Current Mailing Address:**

P.O. BOX 2039  
BOCA RATON, FL 33427 US

**New Mailing Address:**

P.O. BOX 272039  
BOCA RATON, FL 33427 US

**FEI Number:** 65-0336842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAISER, MARC R  
3663 S MIAMI AVENUE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: KAISER, MARC R  
Address: 3663 S. MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133 US

Title: VP  
Name: STRBA, BEVERLEY  
Address: 3663 S. MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARC R. KAISER

PSTD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date