

1.) CORPORATION NAME:

DUE DATE: **4/30/2012**

International Hyperbaric Medical Foundation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05952353**

**ANITA W DUNCAN
8210 CINDER BED ROAD, SUITE C-3
LORTON, VA 22079**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8210-C3 CINDER BED ROAD

CITY/ST/ZIP: LORTON, VA 22079-1136

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAUL G HARCH MD TITLE: PRESIDENT ADDRESS: 228 AUDUBON BLVD CITY/ST/ZIP/CO: NEW ORLEANS, LA 70118	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD FOGORTY TITLE: VP RADIOLOGY ADDRESS: 800 MUNICH DRIVE CITY/ST/ZIP/CO: BISMARCK, ND 58501	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: B ROBERT MOZAYENI MD TITLE: VP TRANS. MEDIC ADDRESS: 15235 SHADY GROVE ROAD CITY/ST/ZIP/CO: STE 102 ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN STOLLER MD TITLE: VP-PED RESEARCH ADDRESS: 404 BRUNN SCHOOL RD CITY/ST/ZIP/CO: #D SANTA FE, MN 87505	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES K WRIGHT MD TITLE: VP-RESEARCH ADDRESS: 3400 HANNIBAL ST CITY/ST/ZIP/CO: BUTTE, MT 59701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANITA W DUNCAN TITLE: S/T ADDRESS: 6466 BIGELOW ST CITY/ST/ZIP/CO: LAKEWOOD, CA 90713	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEPHEN D REIMERS OFFICER DIRECTOR
TITLE: CHIEF FINANCIAL
ADDRESS: 6155 BEACHWAY DRIVE
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ STEPHEN D REIMERS</u>	<u>STEPHEN D REIMERS, CHIEF</u>	<u>4/17/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FINANCIAL PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.