

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120238

FILED
May 07, 2009
Secretary of State

Entity Name: CYPRESS SLEEP DISORDERS CENTER, INC.

Current Principal Place of Business:

150 SOUTHEAST PLAZA ROADWAY
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

1688 E 16 STREET
2 FL SUITE 5
BROOKLYN, NY 11229

New Mailing Address:

FEI Number: 20-0340145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILENGER, FELIX
21142 NE 31 PLACE
AVENTURA, FL 33180 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FILENGER, FELIX
Address: 21142 NE 31 PLACE
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: YANOVSKY, ALEX
Address: 35 SEACOST TERRACE, APT 11C
City-St-Zip: BROOKLYN, NY 11235

Title: S () Delete
Name: VILENSKIY, GENNEDIY
Address: 150 CORBIN PLACE, APT 4D
City-St-Zip: BROOKLYN, NY 11235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ANDREW, RUBINSHTEYN
Address: 21205 YACHT CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FELIX FILENGER

P

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date