

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000120388

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CYPRESS THERAPY CENTER, INC.

**Current Principal Place of Business:**

150 SOUTHEAST ROADWAY  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

150 SOUTHEAST ROADWAY  
WINTER HAVEN, FL 33880 UN

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0340209

**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:**

LYUBARSKY, SERGEY  
3140 NE 40 COURT  
FORT LAUDERDALE, FL 33308 US

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: SERGEY LYUBARSKY

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DZHABRAILOV, ELI  
Address: 170-38 WEST DIXIE HWY, # 200  
City-St-Zip: NORTH MIAMI, FL 33160

Title: VP  
Name: LYUBARSKY, SERGEY  
Address: 3140 NE 40 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CFO  
Name: MIRER, ARKADY  
Address: 170-38 WEST DIXIE HWY, # 132  
City-St-Zip: NORTH MIAMI, FL 33160

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: ELI DZHABRAILOV

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date