

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000120238

**Entity Name:** CYPRESS SLEEP DISORDERS CENTER, INC.

**Current Principal Place of Business:**

182 NE 168 ST  
SUITE 192  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

182 NE 168 ST  
SUITE 192  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 20-0340145

**Certificate of Status Desired:** No

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

MIRER, OLGA  
182 NE 168 ST  
SUITE 192  
NORTH MIAMI BEACH, FL 33162 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:** OLGA MIRER

02/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MIRER, OLGA  
Address        182 NE 168 ST  
                 SUITE 192  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** OLGA MIRER

PRESIDENT

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date