

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000120238

Entity Name: CYPRESS SLEEP DISORDERS CENTER, INC.

Current Principal Place of Business:

350 FIRST STREET NORTH
SUITE 202
WINTER HAVEN, FL 33881

Current Mailing Address:

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

FEI Number: 20-0340145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYUBARSKY, SERGEY
350 FIRST STREET NORTH
SUITE # 201
WINTER HAVEN, FL 33881 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

06/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title CFO
Name MIRER, ARKADY
Address 170-38 WEST DIXIE HWY, #132
City-State-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: SERGEY LYUBARSKY

VP

06/03/2015

Electronic Signature of Signing Officer/Director Detail

Date