

2016 FLORIDA PROFIT CORPORATION 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:

350 FIRST STREET NORTH
STE 202
WINTER HAVEN, FL 33881 US

FEI Number: 20-0340145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIRER, OLGA
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: OLGA MIRER

04/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MIRER, OLGA
Address 350 FIRST STREET NORTH
 SUITE 202
City-State-Zip: WINTER HAVEN FL 33881

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

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date