

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000120388

Entity Name: CYPRESS THERAPY CENTER, INC.

Current Principal Place of Business:

350 FIRST STREET NORTH
SUITE 201
WINTER HAVEN, FL 33881

Current Mailing Address:

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

FEI Number: 20-0340209

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILENGER, FELIX
21142 NE 31 PLACE
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FILENGER, FELIX
Address 21142 NE 31 PLACE
City-State-Zip: AVENTURA FL 33180

Title VP
Name MIRER, OLGA
Address 2999 NE 191 STREET, SUITE 709
City-State-Zip: AVENTURA FL 33180

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

VP

06/25/2014

Electronic Signature of Signing Officer/Director Detail

Date