

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000120388

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

**Current Principal Place of Business:**

150 SOUTHEAST ROADWAY  
WINTER HAVEN, FL 33880

**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:** FELIX FILENGER

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date