

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000098972

Entity Name: CYPRESS HEALTH CORP**Current Principal Place of Business:**20801 BISCAYNE BOULEVARD
SUITE 403-1001
AVENTURA, FL 33180**Current Mailing Address:**20801 BISCAYNE BOULEVARD
SUITE 403-1001
AVENTURA, FL 33180 US**FEI Number:** 37-1876677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERZSTEIN, MONIQUE
20801 BISCAYNE BOULEVARD
SUITE 403
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	V
Name	PARADIS, JEAN JPHILIPPE
Address	1280 RUE DU COMTE
City-State-Zip:	QUEBEC, QC G2L 1-B9 QC OC

Title	S
Name	LECLERC, DAVE
Address	20801 BISCAYNE BLVD STE 403 1001
City-State-Zip:	AVENTURA FL 33180

Title	T
Name	THIBODEAU, CHANTAL
Address	3222 RUE DU HARFANG
City-State-Zip:	QUEBEC QC G1C 7-W9

Title	O
Name	JPS MARKETING CORP
Address	20801 BISCAYNE BLVD STE 403 1001
City-State-Zip:	AVENTURA FL 33180

Title	O
Name	RUBIK CONSULTING CORP
Address	20801 BISCAYNE BLVD STE 403 1001
City-State-Zip:	AVENTURA FL 33180

Title	P
Name	MELONDY, HEARN
Address	1600 NE 63RD COURT
City-State-Zip:	FORT LAUDERDALE FL 33334

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: MELONDY HEARN**PRESIDENT****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date