

2018 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 301 SE 13TH COURT
City-State-Zip: POMPANO BEACH FL 33060

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

P

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date