

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001972

Entity Name: CYPRESS CARE, INC.

Current Principal Place of Business:

2736 MEADOW CHURCH RD.
SUITE 300
DULUTH, GA 30097

Current Mailing Address:

2736 MEADOW CHURCH RD.
SUITE 300
DULUTH, GA 30097 US

FEI Number: 26-0080565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name BOURES, ANTHONY JOSEPH
Address 2736 MEADOW CHURCH RD.
 SUITE 300
City-State-Zip: DULUTH GA 30097

Title SECRETARY
Name DARE, TOM
Address 2736 MEADOW CHURCH RD.
 SUITE 300
City-State-Zip: DULUTH GA 30097

Title CFO
Name ORAM, THOMAS
Address 2736 MEADOW CHURCH RD.
 SUITE 300
City-State-Zip: DULUTH GA 30097

Title DIRECTOR
Name ASKEW, GLENN
Address 2736 MEADOW CHURCH RD.
 SUITE 300
City-State-Zip: DULUTH GA 30097

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: THOMAS ORAM

CFO

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date