

**2022 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           TREASURER  
Name           GILL, PETER MARSHALL  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title           ASSISTANT SECRETARY  
Name           LANG, HEATHER ANASTASIA  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title           DIRECTOR, PRESIDENT  
Name           YOUNG, DAVID WAYNE  
Address        7105 MOORES LANE  
City-State-Zip: BRENTWOOD TN 37027

Title           SECRETARY  
Name           BOHMER, KAREN ELIZABETH  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

*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:** HEATHER ANASTASIA LANG

**ASSISTANT SECRETARY    04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date