

2018 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 DIRECTOR
Name GROSKLAGS, JEFFREY DAVID
Address 11020 OPTUM CIRCLE
MN102-0800
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name MEAD, BRUCE EDWARD
Address 1301 W. PRESIDENT GEORGE BUSH
HWY.
City-State-Zip: RICHARDSON TX 75080

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

Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

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

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 JACOBSEN

ASSISTANT SECRETARY 04/07/2018

Electronic Signature of Signing Officer/Director Detail

Date