

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001972

Entity Name: CYPRESS CARE, INC.

Current Principal Place of Business:

1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173

FILED
Apr 09, 2016
Secretary of State
CC6168327441

Current Mailing Address:

1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60173 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 ASSISTANT SECRETARY
Name HUNTLEY, MICHELLE MARIE
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

Title PRESIDENT, DIRECTOR
Name LAGERSTROM, EDWARD ANDREW
Address MAIL ROUTE: MN102-0700, 11020
OPTUM CIRCLE
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name ZEGLINSKI, MICHAEL
Address 1600 MCCONNOR PARKWAY
City-State-Zip: SCHAUMBURG IL 60173

Title SECRETARY
Name WARMUTH, JAY ANTHONY
Address 9700 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

Title TREASURER
Name OBERRENDER, ROBERT WORTH
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: MICHELLE MARIE HUNTLEY

ASSISTANT SECRETARY 04/09/2016

Electronic Signature of Signing Officer/Director Detail

Date