

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H41727**

1. Entity Name  
CYPRESS CREEK MEDICAL CENTER INC.



Principal Place of Business  
912 N.E. 62ND STREET  
FT. LAUDERDALE, FL 33334

Mailing Address  
912 N.E. 62ND STREET  
FT. LAUDERDALE, FL 33334



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2487263	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

AVTAR S. SANDHU, M. D.  
912 N. E. 62ND STREET  
FT. LAUDERDALE, FL 33334

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDHU, AVTAR S. 912 N.E. 62ND STREET FT LAUDERDALE, FL
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01/19/07-80021-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Assandhu (AVTAR S. SANDHU M.D) 1-15-2007 954-771-3113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #