

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060350

FILED
Apr 18, 2012
Secretary of State

Entity Name: CYPRESS RIDGE PROFESSIONAL ASSOCIATES, LLC

Current Principal Place of Business:

26827 FOGGY CREEK ROAD
SUITE 101 A
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

26827 FOGGY CREEK ROAD
SUITE 101 A
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 54-2189855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEQUIST, LINDA C CMM
26827 FOGGY CREEK ROAD
SUITE 101 A
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ROSEQUIST, LINDA C CMM
Address: 1942 HIGHLAND OAKS BLVD SUITE A
City-St-Zip: LUTZ, FL 33559

Title: MGR
Name: ROSEQUIST, ROBERT B M.D.
Address: 1942 HIGHLAND OAKS BLVD SUITE A
City-St-Zip: LUTZ, FL 33559

Title: MGR
Name: WATKINS, STANLEY E MD
Address: 1942 HIGHLAND OAKS BLVD SUITE A
City-St-Zip: LUTZ, FL 33559

Title: MGR
Name: LEVIN, STEPHEN DRM
Address: 26827 FOGGY RIDGE ROAD SUITE 104 D
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM
Name: WATKINS, CHRISTINE
Address: 1942 HIGHLAND OAKS BLVD SUITE A
City-St-Zip: LUTZ, FL 33559

Title: MGRM
Name: LEVIN, DIANE
Address: 26827 FOGGY CREEK ROAD SUITE 104 D
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA ROSEQUIST

MM

04/18/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date