

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064386

FILED
Jan 15, 2009
Secretary of State

Entity Name: CYPRESS CREEK MEDICAL LLC

Current Principal Place of Business:

26827 FOGGY CREEK ROAD
SUITE 101A BUILDING 6
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

26827 FOGGY CREEK ROAD
SUITE 101A BUILDING 6
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 75-3218560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEQUIST, LINDA C
26827 FOGGY CREEK ROAD
SUITE 101A BUILDING 6
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: MGR () Delete
Name: ROSEQUIST, LINDA C CMM
Address: 26827 FOGGY CREEK ROAD STE 101A BLDG 6
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGR () Delete
Name: ROSEQUIST, ROBERT B MD
Address: 1942 HIGHLAND OAKS BLVD SUITE A
City-St-Zip: LUTZ, FL 33559

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

MGR

01/15/2009

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