

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000064386

**FILED**  
**Aug 24, 2012**  
**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  
**Name:** ROSEQUIST, LINDA C CMM  
**Address:** 26827 FOGGY CREEK ROAD STE 101A BLDG 6  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

**Title:** MGR  
**Name:** ROSEQUIST, ROBERT B MD  
**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

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

MGR

08/24/2012

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