

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000014

FILED
Jan 06, 2005
Secretary of State

Entity Name: CYPRESS DELRAY MEDICAL, L.C.

Current Principal Place of Business:

6646 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

6646 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-0809598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABATES, GEORGE L
6646 W. ATLANTIC AVENUE, 3RD FLOOR
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

SABATES, GEORGE L
6646 W. ATLANTIC AVENUE, 3RD FLOOR
3RD FLOOR
DELRAY BEACH, FL 33446 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:

01/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DELRAY MEDICAL ASSOC, IATES, INC.
Address: 6646 WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: CYPRESS CREEK MEDICA, L CENTER INC.
Address: 912 N.E. 62ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: GEORGE L. SABATES

PRES

01/06/2005

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