

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000014

FILED
Jan 03, 2008
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
3RD FLOOR
DELRAY BEACH, FL 33446 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 () 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 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: GEORGE L. SABATES

PRES

01/03/2008

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