

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006503

**FILED**  
**Apr 08, 2008**  
**Secretary of State**

**Entity Name:** CYPRESS HEALTH CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

44 SOUTH BROADWAY STE 614  
WHITE PLAINS, NY 10601

**New Principal Place of Business:**

**Current Mailing Address:**

44 SOUTH BROADWAY STE 614  
WHITE PLAINS, NY 10601

**New Mailing Address:**

**FEI Number:** 20-8637672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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:** STOLZBERG, MAXWELL  
**Address:** 44 SOUTH BROADWAY STE 614  
**City-St-Zip:** WHITE PLAINS, NY 10601

**ADDITIONS/CHANGES:**

**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:** MAXWELL STOLZBERG

MGR

04/08/2008

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