

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006503

FILED
Apr 14, 2009
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:

4 WEST RED OAK LANE, 201
WHITE PLAINS, NY 10604

Current Mailing Address:

44 SOUTH BROADWAY STE 614
WHITE PLAINS, NY 10601

New Mailing Address:

4 WEST RED OAK LANE, 201
WHITE PLAINS, NY 10604

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: MGR (X) Change () Addition
Name: STOLZBERG, MAXWELL
Address: 4 WEST RED OAK LANE, 201
City-St-Zip: WHITE PLAINS, NY 10604

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

04/14/2009

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