

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006503

FILED
Jan 05, 2010
Secretary of State

Entity Name: CYPRESS HEALTH CARE MANAGEMENT, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR. STE A
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
Name: STOLZBERG, MAXWELL
Address: 4 WEST RED OAK LANE, 201
City-St-Zip: WHITE PLAINS, NY 10604

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: MAXWELL STOLZBERG

MGR

01/05/2010

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