FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90016 017 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003683

1. Entity Name
CYPRESS COVE AT HEALTHPARK FLORIDA, INC.

400279DU

Principal Place of Business	Mailing Address
10200 CYPRESS COVE DRIVE FORT MYERS, FL 33908	10200 CYPRESS COVE DRIVE FORT MYERS, FL 33908

01282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0610085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DODSON, DOUGLAS A 9800 HEALTHPARK CIRCLE SUITE 405 FORT MYERS, FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C NOLAND, JOHN A 1715 MONROE ST. FORT MYERS, FL 33902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ADAMS, DANIEL F 2180 W. FIRST STREET, SUITE 212 FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REASONER, GARRETT H 15160 HARBOUR ISLE DRIVE # 402 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRAYHORN, BRUCE 2125 FIRST STREET, SUITE 200 FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRACO, CARL A 2271 MCGREGOR BLVD. FT. MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAUVOIS, JO ELLEN 208 CAPE CORAL PKWY, EAST #111 CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas A Dodson 1/31/08 239 489-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

400274460
#N95000003683

Cypress Cove at HealthPark Florida, Inc.

Additional Attachment for Board of Directors Listing
2008 Not-For-Profit Corporation Annual Report

D
Catti, Joseph
18 Catalpa Court
Fort Myers, FL 33919

D
Edwards, Charles, Sr.
2225 First Street
Fort Myers, FL 33901

D
Robinson, David G., PhD
5861 Wild Fig Lane
Fort Myers, FL 33919

D
Sheppard, Andrew W.
12800 University Drive #125
Fort Myers, FL 33907

D
Winchell, Albert B.
1519 Reynard Drive
Fort Myers, FL 33919