

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003683

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** CYPRESS COVE AT HEALTHPARK FLORIDA, INC.

**Current Principal Place of Business:**

10200 CYPRESS COVE DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

10200 CYPRESS COVE DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 65-0610085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DODSON, DOUGLAS A  
9800 HEALTHPARK CIRCLE  
SUITE 405  
FORT MYERS, FL 33908 US

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

DODSON, DOUGLAS A  
9800 HEALTHPARK CIRCLE  
SUITE 350  
FORT MYERS, FL 33908 US

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:

03/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: NOLAND, JOHN A  
Address: 1715 MONROE ST.  
City-St-Zip: FORT MYERS, FL 33902

Title: VC  
Name: SHEPPARD, ANDREW  
Address: 12800 UNIVERSITY DRIVE - SUITE 125  
City-St-Zip: FORT MYERS, FL 33907

Title: T  
Name: REASONER, GARRETT H  
Address: 15160 HARBOUR ISLE DRIVE # 402  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: STRAYHORN, BRUCE  
Address: 2125 FIRST STREET, SUITE 100  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: BARRACO, CARL A  
Address: 2271 MCGREGOR BLVD.  
City-St-Zip: FT. MYERS, FL 33901

Title: D  
Name: BEAUVOIS, JO ELLEN  
Address: 208 CAPE CORAL PKWY, EAST #111  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. NOLAND

C

03/04/2010

Electronic Signature of Signing Officer or Director

Date