2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P00000117078

Entity Name: CYPRESS MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

150 SPARTAN DR.
MAITLAND, FL 32751

New Principal Place of Business:

PO BOX 367
BABSON PARK, FL 33827

Current Mailing Address:

150 SPARTAN DR.
MAITLAND, FL 32751

New Mailing Address:

PO BOX 367
BABSON PARK, FL 33827

FEI Number: 59-3693379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAINE, J. MICHAEL
425 S. COMMERCE AVE.
SEBRING, FL 33870

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EHRLICH, MARY J
Address: 150 SPARTAN DR.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EHRLICH, MARY J
Address: 141 FAIRCHILD STREET
City-St-Zip: BABSON PARK, FL 33827

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY EHRLICH D 05/01/2003

Electronic Signature of Signing Officer or Director — Date