

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112778

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** CYPRESS FAMILY MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

9371 CYPRESS LAKE DR., STE. 16  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

9371 CYPRESS LAKE DR., STE. 16  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 65-1154744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRISH, WHITE, LAWHON & ADLER, P.A.  
3431 PINE RIDGE RD., STE. 101  
NAPLES, FL 34109 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALHA, SANTOKH S  
Address: 9731 CYPRESS LAKE DR. STE. 16  
City-St-Zip: FORT MYERS, FL 33919

Title: VTS  
Name: WALHA, SANDEEP K  
Address: 14189 REFLECTION LAKES DRIVE  
City-St-Zip: FORT MYERS, FL 33907

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANTOKH S WALHA

PD

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date