

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065041

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: CYPRESS HEALTH PLANS INC.

## Current Principal Place of Business:

2950 W CYPRESS CREEK ROAD  
203  
FT. LAUDERDALE, FL 33309 US

## Current Mailing Address:

2950 W CYPRESS CREEK ROAD  
203  
FT. LAUDERDALE, FL 33309 US

## New Principal Place of Business:

1770 NW 64TH STREET  
SUITE #620  
FT. LAUDERDALE, FL 33309 US

## New Mailing Address:

1770 NW 64TH STREET  
SUITE #620  
FT. LAUDERDALE, FL 33309 US

FEI Number: 27-3210200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDBERG, BRUCE  
2950 W CYPRESS CREEK ROAD  
203  
FT. LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

HUBERT, LISA  
5520 SW 38TH COURT  
DAVIE, FL 33314 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: LISA HUBERT

01/23/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: GOLDBERG, BRUCE  
Address: 1770 NW 64TH STREET #620  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP  
Name: BERNSTEIN, CRAIG  
Address: 836 NORTH BEL AIR DR.  
City-St-Zip: PLANTATION, FL 33317 US

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: BRUCE GOLDBERG

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date