2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2012
Secretary of State

DOCUMENT# P10000092382

Entity Name: CYPRESS SPINE AND REHABILITATION CENTER P.A.

Current Principal Place of Business:

13240 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

1324 SADDLERIDGE RD
ORLANDO, FL 32835 US

Current Mailing Address:

13240 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

1324 SADDLERIDGE RD
ORLANDO, FL 32835 US

FEI Number: 27-3963652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYLIE, SARAH R D.C.
13240 NORTH CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

VLEKO, SARAH R D.C.
1324 SADDLERIDGE RD
ORLANDO, FL 32835 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: SARAH R VLEKO 09/27/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: VLEKO, SARAH R D.C.
Address: 1324 SADDLERIDGE RD
City-St-Zip: ORLANDO, FL 32835 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: SARAH VLEKO P 09/27/2012
Electronic Signature of Signing Officer or Director Date