2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P95000015304 **DOCUMENT #**

1. Entity Name

CYPRESS GARDENS MEDICAL CENTER, INC.



Principal Place of Business

6035 CYPRESS GARDENS BLVD WINTER HAVEN FL 33884

LEWIS, GAYLE S

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIE

TITLE

NAME

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

134 KINGS POND AVE WINTER HAVEN FL 33880

the obligations of registered agent.

Mailing Address

6035 CYPRESS GARDENS BLVD WINTER HAVEN FL 33884

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip.	Country	Zip	Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

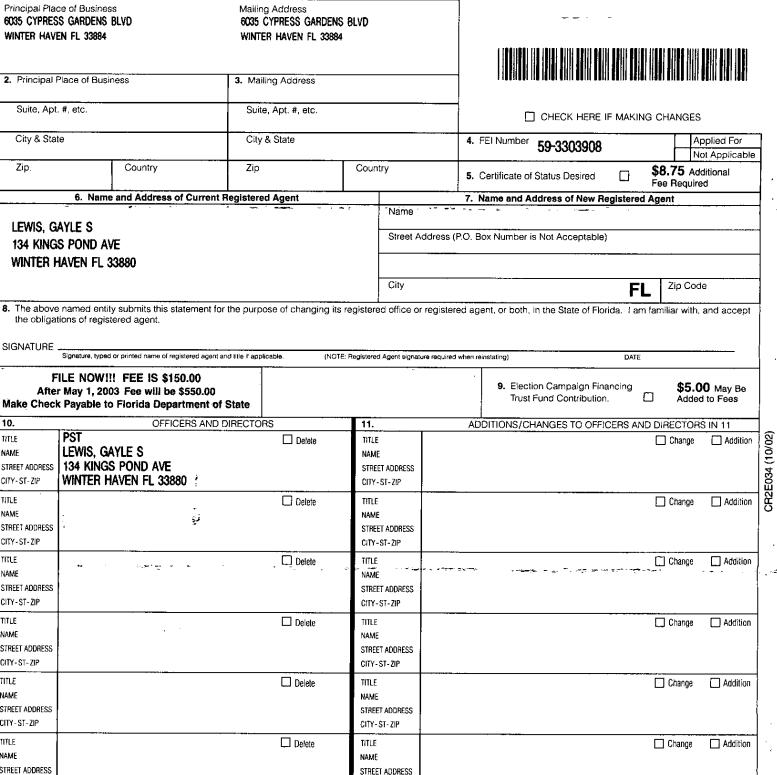
LEWIS, GAYLE S

134 KINGS POND AVE

WINTER HAVEN FL 33880 ?

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91336 023 ***150.00



12. I hereby certify that the information supplied with this filing does not qualify 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 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an

CITY-ST-ZIP

11.

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE

Davtime Phone #