

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 12:55

DOCUMENT # P97000046782 1. Entity Name CYPRESS HOME MEDICAL, INC.		
Principal Place of Business 11341 LINBERGH BLVD FORT MYERS, FL 33913		Mailing Address 11341 LINBERGH BLVD FORT MYERS, FL 33913
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 485 Half Day Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300	
City & State	City & State Buffalo Grove IL	
Zip	Country USA	4. FEI Number 65-0756463
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAI, RAJAT CEO/PRE <input checked="" type="checkbox"/> Delete 485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BONACCORSI, JOSEPH P SEC <input type="checkbox"/> Delete 485 HALF DAY ROAD, SUITE 300 BUFFALO GROVE, IL 60089	Vice President Lori Zsutek 485 Half Day Rd. Buffalo Grove, IL 60089 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTRAPA, PAUL PRESIDENT <input type="checkbox"/> Delete 485 HALF DAY ROAD, SUITE BUFFALO GROVE, IL 60089	CEO/Treasurer Margarita Kellen 104 Wilmot Rd. Deerfield, IL 60015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer David Woodbridge 200 Wilmot Rd. Deerfield, IL 60015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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 attachment with an address, with all other like empowered.		
SIGNATURE: <u>Bonaccorsi</u> <u>Joseph Bonaccorsi</u> <u>4/3/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

