

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046782

FILED  
Jan 11, 2010  
Secretary of State

Entity Name: CYPRESS HOME MEDICAL, INC.

**Current Principal Place of Business:**

11341 LINBERGH BLVD  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

485 HALF DAY RD, STE 300  
BUFFALO GROVE, IL 600898806 US

**New Mailing Address:**

FEI Number: 65-0756463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: ZSITEK, LORI  
Address: 485 HALF DAY ROAD  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: SECD  
Name: AZAR, OREN  
Address: 104 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: PRES  
Name: MASTRAPA, PAUL  
Address: 485 HALF DAY ROAD, SUITE  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: TREA  
Name: KELLEN, MARGARITA  
Address: 300 WILMOT RD  
City-St-Zip: DEERFIELD, IL 60015

Title: VP  
Name: MANN, JOHN  
Address: 300 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

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: PAUL MASTRAPA

PRES

01/11/2010

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

\_\_\_\_\_ Date