2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000061235 Jan 27, 2000 8:00 am Secretary of State CYPRESS HEALTH SYSTEMS FLORIDA, INC. 01-27-2000 90025 002 ***150.00 Principal Place of Business Mailing Address 185 SW 7TH STREET 3501 CHAMPION LATIE BOULEVARD, #597 SHREVEPORT LA 31105 WILISTON FL 32696 2. Principal Place of Business 3. Mailing Address 1255W DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 75-2782071 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACAULEY, LINDA Street Address (P.O. Box Number is Not Acceptable) 125 SW 7TH AVENUE WILLISTON FL 32696 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition ☐ Delete TIT! F NAME. BIRD, KIM B MAME g Duval STREET ADDRESS 4400 SOUTHGATE STREET ADDRESS Benton, LA 7/006 CITY-ST-ZIP CITY-ST-ZIP **PLANO TX 75024** TONY PFAFF Change Addition 3501 Champion Lake Blod #50 EO TITLE Change Addition ☐ Delete TITLE PFAFT, TANG NAME porrected NAME STREET ADDRESS STREET ADDRESS 3801 CHAMPION LAKE Shreveport, LA 71105 CITY-ST-7IP SHRENEPORT LA 72504 CITY-ST-2/P TITLE STEVE WIDENER STEVE WIDENER NAME CEO 125 SW 7TH AV. NAME 125 S.W. 7+4 AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Williston, FI DES 32696 VILLISTONI TITLE C Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.