

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90129 013 \*\*\*150.00

DOCUMENT # P98000061235

1. Entity Name

CYPRESS HEALTH SYSTEMS FLORIDA, INC.

Principal Place of Business

125 SW 7TH ST  
WILISTON FL 32696

Mailing Address

125 SW 7TH ST  
WILISTON FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2782071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACAULEY, LINDA  
125 SW 7TH AVENUE  
WILLISTON FL 32696

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BIRD, KIM B  
STREET ADDRESS 359 DUVAL  
CITY-ST-ZIP BENTON LA 71006

TITLE ☒ Change ☐ Addition  
NAME 106 Preston Bay  
STREET ADDRESS Benton LA 71006  
CITY-ST-ZIP

TITLE EO ☐ Delete  
NAME PFAFT, TANG  
STREET ADDRESS 3501 CHAMPION LAKE BLVD 507  
CITY-ST-ZIP SHREVEPORT LA 71105

TITLE ☒ Change ☐ Addition  
NAME PFAFF, Tony  
STREET ADDRESS 1101 Texas Avenue  
CITY-ST-ZIP Deer Lodge montana 59722-1828

TITLE CEO ☒ Delete  
NAME WIDENER, STEVE  
STREET ADDRESS 125 SW 7TH AVE  
CITY-ST-ZIP WILLISTON FL 32696

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Change ☒ Addition  
NAME Beth Buckley  
STREET ADDRESS 505 SE 31st  
CITY-ST-ZIP High Springs FL 32643

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Beth Buckley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Buckley

Date

1-4-01 (351) 528-2801

Daytime Phone #

CR2E034 (10/00)