


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90033 032 ***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
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94036369



2. Principal Place of Business Nature Coast Regional Hospital		3. Mailing Address 125 SW 7th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Williston, Fl.	
Zip	Country	Zip	Country
		32696	USA

02212004 Chg-P CR2E034 (10/03)

4. FEI Number 75-2782071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACAULEY, LINDA 125 SW 7TH AVENUE WILLISTON, FL 32696		7. Name and Address of New Registered Agent Name Jones, Debra Street Address (P.O. Box Number is Not Acceptable) 125 SW 7th Street Williston, Fl 32696 City FL Zip Code	
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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 <i>Debra F. Jones</i> Signature, typed or printed name of registered agent and title if applicable.	Debra F. Jones 3-18-04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, KIM B 106 PRESTON BAY BENTON, LA 71006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO PFAFF, TONY 1101 TEXAS AVE DEER LODGE, MT 597221828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIS, GLEN C 125 S W 7TH ST WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bird, Alan 125 SW 7th Street Williston, Fl 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-18-04 (352) 528-2801 Date Daytime Phone #
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