

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAR 14 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JONES, DEBRA
125 SW 7TH STREET
WILLISTON, FL 32696

Name ALAN Bird

Street Address (P.O. Box Number is Not Acceptable)

City WILLISTON

FL

Zip Code 32696

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800068561678
03/24/06--01007--014 **908.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EO
PFAFF, TONY
1101 TEXAS AVE
DEER LODGE, MT 597221828

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIRD, ALAN
125 S W 7TH ST
WILLISTON, FL 32696

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06

Date

(352) 528-2801

Daytime Phone #

B. Mitchell MAR 17 2006