


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000061235 1. Entity Name CYPRESS HEALTH SYSTEMS FLORIDA, INC.	
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Principal Place of Business 125 SW 7TH ST WILISTON, FL 32696	Mailing Address 125 SW 7TH ST WILISTON, FL 32696
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2782071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRD, ALAN 125 SW 7TH STREET WILISTON, FL 32696
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restatesting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, KIM B 106 PRESTON BAY BENTON, LA 71008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO PFAFF, TONY 1101 TEXAS AVE DEER LODGE, MT 597221828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, ALAN 125 S W 7TH ST WILISTON, FL 32696
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01/22/07-80025-017 150.00

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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:  **1-12-07 (352) 528-2801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #