

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061235

FILED
Mar 20, 2008
Secretary of State

Entity Name: CYPRESS HEALTH SYSTEMS FLORIDA, INC.

Current Principal Place of Business:

125 SW 7TH ST
WILISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

125 SW 7TH ST
WILISTON, FL 32696

New Mailing Address:

FEI Number: 75-2782071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRD, ALAN
125 SW 7TH STREET
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIRD, KIM B
Address: 106 PRESTON BAY
City-St-Zip: BENTON, LA 71006

Title: EO () Delete
Name: PFAFF, TONY
Address: 1101 TEXAS AVE
City-St-Zip: DEER LODGE, MT 597221828

Title: D () Delete
Name: BIRD, ALAN
Address: 125 S W 7TH ST
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN BIRD

ADM

03/20/2008

Electronic Signature of Signing Officer or Director

Date