2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 21, 2012
Secretary of State

DOCUMENT# P98000061235

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:

PRASAD, MANOJ K
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

OFFICERS AND DIRECTORS:

Title: P
Name: PRASAD, MANOJ K MD
Address: 125 SW 7TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: ST/D
Name: KHAN, JALIL A MD
Address: 6600 MYRTLE BEACH DR
City-St-Zip: PLANO, TX 75093

Title: D
Name: TARIQ, MOHAMMAD J MD
Address: 1850 LAKEPOINTE DR #100
City-St-Zip: LEWISVILLE, TX 75057

Title: D
Name: GILLMAN, JERRY E
Address: 678 SE 47TH LOOP
City-St-Zip: OCALA, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: MANOJ K. PRASAD P 12/21/2012

Electronic Signature of Signing Officer or Director Date