

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061235

1. Entity Name
CYPRESS HEALTH SYSTEMS FLORIDA, INC.



FILED
03 JUN 30 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MACAULEY, LINDA
125 SW 7TH AVENUE
WILISTON, FL 32696

Name

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

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW WITH FEES: \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BIRD, KIM B
STREET ADDRESS 106 PRESTON BAY
CITY-ST-ZIP BENTON, LA 71005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300021197483
06/30/03--01076--011 **550.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO
NAME BUCKLEY, BETH
STREET ADDRESS 606 SE 31ST ST
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE CEO
NAME Davis, Glen C.
STREET ADDRESS 125 SW 7th Street
CITY-ST-ZIP Williston, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-03 3525282801

Date

Daytime Phone #

2 7/2

CRSED034 (10/02)