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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(1)

DOCUMENT #

1. Corporation Name

CYPRESS MEDICAL CENTER, INC.



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Principal Place of Business Mailing Address 919 E. CYPRESS CREEK ROAD 919 E. CYPRESS CREEK ROAD								
919 E. CYPRES			FORT LAUDERDALE FL 33334				<u>-</u> -	<u> </u>
					 Date incorporated or Qualified 06/14/1991 	3a. Date 02	of Last Re 2/01/199	port 5
Principal Place	e of Business	2a. Mailing Address			4. FEI Number 65-0375884		<u> </u>	pplied For
		26			0070373004			lot Applicable Additional
Suite, Apt. #.	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
		City & State		.	6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	/	This corporation has liability for florida Statutes The florida Statutes	intangible ta	x under s	199.032,
	25	29	30		10. Name and Address of New F	L NO	Agent	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of Notice			
						. 1 - 3		
NAGER,	BRUCE A.		82	Street Addr	ress (P.O. Box Number is Not Acceptat	oie)		
919 E. C	YPRESS CREEK ROAD LUDERDALE FL 33334		83	1				
FURI DA	UUCHUALE PL 33334		-				85 Zı	p Code
			84	1 1	ration submits this statement for the pured of directors. I hereby accept the app	FL	.	
CNATURE						DATE		
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2/9/96 (No)true Priore A oath; that I am an officer or director of the corporation of the receiver of trustee en appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR