

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60327

FILED
Mar 02, 2004
Secretary of State

Entity Name: CYPRESS MEDICAL CENTER, INC.

Current Principal Place of Business:

919 E. CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

2701 W OAKLAND PARK BLVD
SUITE 205
FORT LAUDERDALE, FL 33334

Current Mailing Address:

2701 OAKLAND PARK BLVD
SUITE 205
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0375884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGER, BRUCE A.
919 E. CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33334

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: PTD () Delete
Name: NAGER, BRUCE A.,
Address: 919 E. CYORESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL

Title: VSD () Delete
Name: NAGER, MARCELL,
Address: 919 E. CYORESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: BRUCE A NAGER

P

03/02/2004

Electronic Signature of Signing Officer or Director

Date