2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2015
Secretary of State
CC4098053311

DOCUMENT# L06000062556

Entity Name: 3102 CYPRESS, L.C.

Current Principal Place of Business:

CYPRESS MEDICAL CARE L.C.
TAMPA, FL 33607

Current Mailing Address:

14014 SHADY SHORE DRIVE
TAMPA, FL 33613

FEI Number: 20-8209583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK MESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	HARSHA, PIPALIA T
Address	3102 W. CYPRESS ST.
City-State-Zip:	TAMPA FL 33607

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARSHA T PIPALIA MGRM 02/17/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date