## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F08000004845

Entity Name: SYNERGISTIC HEALTHCARE SOLUTIONS INC.

FILED Jul 14, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:			
20TH FLO	BOULEVARD OR PHIA, PA 1910	03 US				
Current N	lailing Address	s:	New Maili	ing Address:		
20TH FLO	BOULEVARD OR PHIA, PA 1910	03 US				
FEI Number	: 26-3117484	FEI Number Applied For ( )	FEI Number Not App	Dicable ( ) Certificate of Status Desired	d ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ID ROAD				
The above in the State	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	its registered office or registered agent, of	or both,	
SIGNATUI	RE:					
	Electroni	ic Signature of Registered Ag	gent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	C () MATTHEW 1000 CENTENN PENN VALLEY,		Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition COMISKY, MATTHEW J 1000 CENTENNIAL ROAD PENN VALLEY, PA 19072 US		
Title: Name: Address: City-St-Zip:	D () COMISKY 1000 CENTENN PENN VALLEY,		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MAXINE, COMISKY 1000 CENTENNIAL ROAD PENN VALLEY, PA 19072 US		
Title: Name: Address: City-St-Zip:	D () JILL 606 FAIRVIEW I PENN VALLEY,		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BERMAN, JILL 606 FAIRVIEW ROAD PENN VALLEY, PA 19072 US		
Title: Name: Address: City-St-Zip:	JOHN	Delete ILTON AVENUE, SUITE 105 08221 US	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition D'ANGELO, JOHN N 505 WEST HAMILTON AVENUE, SUITE 105 LINWOOD, NJ 08221 US		
Title: Name: Address: City-St-Zip:	ROBERT	Delete EVARD, 20TH FLOOR PA 19013 US	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition ORR, ROBERT 1800 JFK BOULEVARD, 20TH FLOOR PHILADELPHIA, PA 19013 US		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATTHEW J COMISKY C 07/14/2009