

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004845

FILED
Mar 14, 2011
Secretary of State

Entity Name: SYNERGISTIC HEALTHCARE SOLUTIONS INC.

Current Principal Place of Business:

1801 ZION RD., STE 2
NORTHFIELD, NJ 08225 US

New Principal Place of Business:

1801 ZION RD., STE 2
2
NORTHFIELD, NJ 08225 US

Current Mailing Address:

1801 ZION RD., STE 2
NORTHFIELD, NJ 08225 US

New Mailing Address:

1801 ZION RD., STE 2
2
NORTHFIELD, NJ 08225 US

FEI Number: 26-3117484 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: C
Name: COMISKY, MATTHEW J
Address: 1000 CENTENNIAL ROAD
City-St-Zip: PENN VALLEY, PA 19072 US

Title: D
Name: YOUNGBLOOD, JOSEPH L III
Address: 400 NORTH DOUGLASS AVE
City-St-Zip: MARGATE CITY, NJ 08402 US

Title: CFO
Name: BERGIN, SEAN A
Address: 4027 JOSHUA ROAD
City-St-Zip: LAFAYETTE HILL, PA 19444 US

Title: P
Name: D'ANGELO, JOHN N III
Address: 14 MARSHALL DRIVE
City-St-Zip: EGG HARBOR TOWNSHIP, NJ 08234 US

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 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 all other like empowered.

SIGNATURE: JOHN D'ANGELO

PRES

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date