


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001316

1. Entity Name
SYNERGY HEALTHCARE SERVICES, L.L.C.



Principal Place of Business Mailing Address
342 RALEIGH PLACE **342 RALEIGH PLACE**
OVIEDO, FL 32765 **OVIEDO, FL 32765**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02082004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
60-0001788 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

FANNIN, DEBORAH D
342 RALEIGH PLACE
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	FANNIN, DEBORAH D	
STREET ADDRESS	342 RALEIGH PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	C	<input type="checkbox"/> Delete
NAME	COMPTON, MARTHA S	
STREET ADDRESS	1254 POLK STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIA	
STREET ADDRESS	2130 NE 206TH STREET	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

U00000089979
 03/16/04-80012-004 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Maria E. Gonzalez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
MARIA E. GONZALEZ

3/12/04 *786-385*
 Date Daytime Phone #
9364