

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001316

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** SYNERGY HEALTHCARE SERVICES, L.L.C.

**Current Principal Place of Business:**

C/O LOUISE JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOUISE JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 60-0001788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JEROSLOW, LOUISE T  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143    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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FANNIN, DEBORAH D  
Address: 1835 N.E. MIAMI GARDENS DRIVE #167  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM  
Name: GONZALEZ, MARIA E  
Address: 1835 N.E. MIAMI GARDENS DRIVE #167  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARIA E GONZALEZ

CFO

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date