

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025837

FILED  
Mar 22, 2006  
Secretary of State

Entity Name: SYNERGY LONG TERM CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

JEROSLOW, LOUISE ESQ.  
C/O LAW OFFICES OF LOUISE T. JEROSLOW  
6075 SUNSET DRIVE, SUITE 201  
SOUTH 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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      CEO                      ( ) Change (X) Addition  
Name:                      FANNIN, DEBORAH D  
Address:                      2855 REGAL PINE TRAIL  
City-St-Zip:                      OVIEDO, FL 32776 US

Title:                      CFO                      ( ) Change (X) Addition  
Name:                      GONZALEZ, MARIA E  
Address:                      19720 NE 23RD AVE  
City-St-Zip:                      MIAMI, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DEBORAH D. FANNIN                      CEO                      03/22/2006

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