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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000002162

1. Corporation Name SYNERGY HEALTH CENTERS, INC.

Principal Place of Business 5015 N 22ND ST TAMPA FL 33610

Mailing Address 5015 N 22ND ST TAMPA FL 33610



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified 05/05/1995

4. FEI Number 59-3311648

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KLEIN, CARL 5015 N 22ND ST TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETED NAME COLE, ROBERT SR STREET ADDRESS 11719 TOM FOLSOM RD CITY-ST-ZIP TAMPA FL 33592

1.1 TITLE DELETED 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE DV DELETED NAME SHIPP, ROBERT STREET ADDRESS 4424 ATWATER DR CITY-ST-ZIP TAMPA FL 33610

2.1 TITLE DELETED 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE DS DELETED NAME SADLER, GEORGE W REV STREET ADDRESS 5095 E PALM AVE CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE DELETED 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE DT DELETED NAME JONES, LOUIS REV STREET ADDRESS 222 FAITHWAY DR CITY-ST-ZIP TAMPA FL 33605

4.1 TITLE DELETED 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D DELETED NAME HAMMOND, JAMES A STREET ADDRESS 2505 19TH AVE CITY-ST-ZIP TAMPA FL 33607

5.1 TITLE DELETED 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE D DELETED NAME SCOTT, ROBERT R STREET ADDRESS 3604 RIVERGROVE DR CITY-ST-ZIP TAMPA FL 33610

6.1 TITLE DELETED 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/10/99

Date

Daytime Phone #

CR2E037 (11/98)