

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002162

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: SYNERGY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

318 MARTIN LUTHER KING BLVD  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

5508 N. 50TH STREET  
SUITE 1A  
TAMPA, FL 336104804 US

**New Mailing Address:**

FEI Number: 59-3311648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KNOX, VIRGIA L  
3626 CORD GRASS DRIVE  
VALRICO, FL 33594 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: D ( ) Delete  
Name: MONROE, MACK  
Address: 3002 ST. CONRAD STREET  
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete  
Name: SCOTT, ROBERT R  
Address: 3604 RIVERGROVE DRIVE  
City-St-Zip: TAMPA, FL 33610 US

Title: D ( ) Delete  
Name: HAMMOND, JAMES A  
Address: 3002 ST CONRAD  
City-St-Zip: TAMPA, FL 33605 US

Title: D ( ) Delete  
Name: JONES, LOUIS REV  
Address: 4217 N. 16TH STREET  
City-St-Zip: TAMPA, FL 33610 US

Title: P ( ) Delete  
Name: KNOX, VIRGIA L  
Address: 3626 CORD GRASS DRIVE  
City-St-Zip: VALRICO, FL 33594 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGIA L. KNOX

P

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date