

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002162

FILED
Feb 13, 2003
Secretary of State

Entity Name: SYNERGY HEALTH CENTERS, INC.

Current Principal Place of Business:

400 E PALM AVE
TAMPA, FL 33602

New Principal Place of Business:

318 MARTIN LUTHER KING BLVD
TAMPA, FL 33603 US

Current Mailing Address:

400 E PALM AVE
TAMPA, FL 33602

New Mailing Address:

400 E PALM AVE
TAMPA, FL 33602 US

FEI Number: 59-3311648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, CARL
5015 N 22ND ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

KNOX, VIRGIA L
3626 CORD GRASS DRIVE
VALRICO, FL 33594 US

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: VIRGIA LYNN KNOX

02/13/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COLE, ROBERT SR
Address: 11719 TOM FOLSOM RD
City-St-Zip: TAMPA, FL 33592

Title: DV () Delete
Name: SHIPP, ROBERT
Address: 4424 ATWATER DR
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MONROE, MACK
Address: 3002 ST CONRAD
City-St-Zip: TAMPA, FL

Title: DT () Delete
Name: JONES, LOUIS REV
Address: 222 FAITHWAY DR
City-St-Zip: TAMPA, FL 33605

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MONROE, MACK
Address: 3002 ST. CONRAD STREET
City-St-Zip: TAMPA, FL 33607 US

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

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

Title: D (X) Change () Addition
Name: JONES, LOUIS REV
Address: 2801 N. 17TH STREET
City-St-Zip: TAMPA, FL 33605 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 LYNN KNOX

P

02/13/2003

Electronic Signature of Signing Officer or Director

Date