

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138003

FILED
Mar 23, 2011
Secretary of State

Entity Name: SYNERGY DENTAL & ORTHODONTIC PLAN, INC.

Current Principal Place of Business:

963 CHERRY BRANCH COURT
HEATHROW, FL 32746

New Principal Place of Business:

217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

963 CHERRY BRANCH COURT
HEATHROW, FL 32746

New Mailing Address:

926 GREAT POND DR
SUITE 2003
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-1722190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATSUR, JOSHUA R
963 CHERRY BRANCH COURT
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

KATSUR, JOSHUA R
217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

03/23/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KATSUR, JOSHUA
Address: 963 CHERRY BRANCH COURT
City-St-Zip: HEATHROW, FL 32746

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA KATSUR

Electronic Signature of Signing Officer or Director

D

03/23/2011

Date