

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138003

FILED
Mar 23, 2012
Secretary of State

Entity Name: SYNERGY DENTAL & ORTHODONTIC PLAN, INC.

Current Principal Place of Business:

217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

926 GREAT POND DR
SUITE 2003
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

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
217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714 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
Name: KATSUR, JOSHUA
Address: 217 ALTAMONTE COMMERCE BLVD, STE 1218
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

D

03/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date