

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000083587 (2)**

1. Corporation Name
SYNERGY REHAB MANAGEMENT SYSTEMS, INC.



Principal Place of Business Mailing Address
4127 NW 27TH LANE, SUITE A GAINESVILLE FL 32606

3. Date Incorporated or Qualified 10/23/1995	3a. Date of Last Report
4. FEI Number 59-3342571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent KRUEGER, SCOTT D 2622 NW 43RD ST, SUITE B-3 GAINESVILLE FL 32606	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, JESSE C	2. NAME	
STREET ADDRESS	4127 NW 27TH LANE, SUITE A	3. STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHUPA, NICHOLAS	2.2 NAME	
STREET ADDRESS	4127 NW 27TH LANE, SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERT, LORI	3.2 NAME	
STREET ADDRESS	4127 NW 27TH LANE, SUITE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBERLY, TERRY	4.2 NAME	
STREET ADDRESS	4127 NW 27TH LANE, SUITE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, LISA	5.2 NAME	
STREET ADDRESS	4127 NW 27TH LANE, SUITE A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, DANA	6.2 NAME	
STREET ADDRESS	4127 NW 27TH LANE, SUITE A	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jesse C. Brannen
4/26/96 (352) 491-8845

CR2E034 (12/95)