

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002162

**Entity Name:** SYNERGY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

318 MARTIN LUTHER KING BLVD  
TAMPA, FL 33603

**Current Mailing Address:**

5508 N 50TH STREET  
SUITE 7  
TAMPA, FL 33610-4804 US

**FEI Number:** 59-3311648

**Certificate of Status Desired:** No

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

STOKES LAW GROUP, PLLC  
10150 HIGHLAND MANOR  
SUITE 200  
TAMPA, FL 33620 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:** SHAUNETTE STOKES

05/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name JOHNSON-GILCHRIST, TANYA J  
Address 318 MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33603

Title EXECUTIVE DIRECTOR  
Name BLUE, DERRICK  
Address 318 MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33603

Title SECRETARY  
Name BELCHER, KEISHA  
Address 318 MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33603

Title VC  
Name KITCHEN, JANET  
Address 318 MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR  
Name JANOOLWALLA, MOIZ  
Address 318 MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33603

Title CHAIRMAN  
Name LEWIS, THERESA  
Address 5508 N 50TH STREET  
SUITE 7  
City-State-Zip: TAMPA FL 33610-4804

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

**SIGNATURE:** DERRICK BLUE

CEO

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date