

2019 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

04/30/2019

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 TREASURER
Name SCHENCK, APRIL
Address 318 MARTIN LUTHER KING BLVD
City-State-Zip: TAMPA FL 33603

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

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date