

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002162

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

**Current Principal Place of Business:**

5508 N 50TH ST  
SUITE 7  
TAMPA, FL 33610

**FILED**  
**Mar 12, 2024**  
**Secretary of State**  
**7339018256CC**

**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:**

TAMPA-HILLSBOROUGH ACTION PLAN, INC.  
5508 N 50TH ST  
SUITE 7  
TAMPA, FL 33610 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: WILMA J. WILLIAMS**

**03/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRWOMAN  
Name LEWIS, THERESA DR.  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title VICE CHAIRWOMAN  
Name DANIELS-YOUNG, INGRID  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title BOARD MEMBER  
Name LOCKETT, ROBIN  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title BOARD MEMBER  
Name BOYER, BRANDI  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title BOARD MEMBER  
Name WILSON, ZACHARRY  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title BOARD MEMBER  
Name BENJAMIN, LEERONE  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title BOARD MEMBER  
Name FITZGERALD, NHARI  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

Title EXECUTIVE DIRECTOR  
Name WILLIAMS, WILMA  
Address 5508 N 50TH ST  
SUITE 7  
City-State-Zip: TAMPA FL 33610

*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: WILMA WILLIAMS**

**EXECUTIVE DIRECTOR**

**03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date