

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 1A
TAMPA, FL 33610-4804 US

FEI Number: 59-3311648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMOND, JAMES
2505 19TH AVE
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name JANOOWALLA, MOIZ
Address 2820 COASTAL RANGE WAY
City-State-Zip: LUTZ FL 33559

Title DIRECTOR
Name JOHNSON-GILCHRIST, TANYA J
Address PO BOX 6823
City-State-Zip: TAMPA FL 33608

Title EXECUTIVE DIRECTOR
Name BRADLEY, JEANNETTE M
Address 2716 N JEFFERSON STREET
City-State-Zip: TAMPA FL 33602

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: JEANNETTE BRADLEY

EXECUTIVE DIRECTOR

11/26/2014

Electronic Signature of Signing Officer/Director Detail

Date