

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138003

Entity Name: SYNERGY DENTAL & ORTHODONTIC PLAN, INC.

Current Principal Place of Business:

217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-1722190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATSUR, JOSHUA R
217 ALTAMONTE COMMERCE BLVD
SUITE 1218
ALTAMONTE SPRINGS, FL 32714 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 D
Name KATSUR, JOSHUA
Address 217 ALTAMONTE COMMERCE BLVD,
STE 1218
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

SIGNATURE: JOSHUA KATSUR

DIRECTOR

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date