

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138003

Entity Name: SYNERGY DENTAL & ORTHODONTIC PLAN, INC.

Current Principal Place of Business:

600 TECHNOLOGY PARK
SUITE 108
LAKE MARY, FL 32746

Current Mailing Address:

600 TECHNOLOGY PARK
SUITE 108
LAKE MARY, FL 32746 US

FEI Number: 20-1722190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATSUR, JOSHUA R
600 TECHNOLOGY PARK
SUITE 108
LAKE MARY, FL 32746 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 600 TECHNOLOGY PARK
 SUITE 108
City-State-Zip: LAKE MARY FL 32746

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

D

03/25/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date