

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138003

**Entity Name:** SYNERGY DENTAL & ORTHODONTIC PLAN, INC.

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**0272904049CC**

**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           OFFICER  
Name           KATSUR, JOSHUA  
Address        600 TECHNOLOGY PARK  
                  SUITE 108  
City-State-Zip: LAKE MARY FL 32746

Title           DIRECTOR  
Name           KATSUR, JAMES T  
Address        926 GREAT POND DRIVE  
                  2001  
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:** JAMES T KATSUR

**DIRECTOR**

**04/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date