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

Electronic Signature of Signing Officer/Director Detail

Date

Date

2018 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

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

Officer/Director Detail

Title	OFFICER	Title	DIRECTOR
Name	KATSUR, JOSHUA	Name	KATSUR, JAMES T
Address	600 TECHNOLOGY PARK SUITE 108	Address	926 GREAT POND DRIVE 2001
City-State-Zip	LAKE MARY FL 32746	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

FILED Apr 06, 2018 Secretary of State CC3732652750

Certificate of Status Desired: No

DIRECTOR

04/06/2018