

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039451

Entity Name: SYNERGY HEALTH PRODUCTS, INC.

Current Principal Place of Business:

2313 NE 2ND STREET, #9
POMPANO BEACH, FL 33062

Current Mailing Address:

P.O. BOX : 811312
BOCA RATON, FL 33481

FEI Number: 59-3800688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KADIOGLU, SEMIH
2313 NE 2ND STREET, #9
POMPANO BEACH, FL 33062 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 DP
Name KADIOGLU, SEMIH
Address P.O. BOX : 811312
City-State-Zip: BOCA RATON FL 33481

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: SEMIH KADIOGLU

DP

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date