

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001316

Entity Name: SYNERGY HEALTHCARE SERVICES, L.L.C.

Current Principal Place of Business:

C/O LOUISE JEROSLOW, ESQ.
POST OFFICE BOX 432500
SOUTH MIAMI, FL 33243

Current Mailing Address:

C/O LOUISE JEROSLOW, ESQ.
1835 N.E. MIAMI GARDENS DRIVE #167
NORTH MIAMI BEACH, FL 33179 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE T
POST OFFICE 432500
SOUTH MIAMI, FL 33243 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

Authorized Person(s) Detail :

Title	MGR/AMBR	Title	MGR/AMBR
Name	GONZALEZ, MARIA E	Name	FLEWELLYN, THOMAS
Address	1835 N.E. MIAMI GARDENS DRIVE #167	Address	1835 N.E. MIAMI GARDENS DRIVE #167
City-State-Zip:	NORTH MIAMI BEACH FL 33179	City-State-Zip:	NORTH MIAMI BEACH FL 33179

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA E GONZALEZ

MGR

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date