# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L0200001316

### 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: 60-0001788

### 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

### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	FANNIN, DEBORAH D	Name	GONZALEZ, MARIA E
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

MGRM

06/22/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 22, 2020 Secretary of State 3753485253CC

Certificate of Status Desired: No

Date