

2019 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.
6075 SUNSET DRIVE, SUITE 201
MIAMI, FL 33143

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE T
6075 SUNSET DRIVE, SUITE 201
MIAMI, FL 33143 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 | 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

MGR

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date