

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085671

**Entity Name:** LIGHTHOUSE ENTERPRISES - D & E, LLC

**Current Principal Place of Business:**

C/O LOUISE JEROSLOW, ESQ  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC0251613335**

**Current Mailing Address:**

SYNERGY HEALTHCARE SERVICES, LLC  
1835 NE MIAMI GARDENS DRIVE #167  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number: 14-1918729**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JEROSLOW, LOUISE  
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  
Name GONZALEZ, MARIA E  
Address 1835 N.E. MIAMI GARDENS DRIVE 167  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGRM  
Name FANNIN, DEBORAH D  
Address 1835 N.E. MIAMI GARDENS DRIVE #167  
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**

**CFO**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date