Current Principal Place of Business:

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: SYNERGISTIC HEALTHCARE SOLUTIONS INC.

1801 ZION RD., STE 2 2 NORTHFIELD, NJ 08225

Current Mailing Address:

DOCUMENT# F08000004845

525 PLYMOUTH ROAD 310 PLYMOUTH MEETING, PA 19462 US

FEI Number: 26-3117484

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Officer/Director Detail :

Title	С	Title	D
Name	COMISKY, MATTHEW J	Name	FRANKEL, JILL
Address	1000 CENTENNIAL ROAD	Address	1000 CENTENNIAL ROAD
City-State-Zip:	PENN VALLEY PA 19072	City-State-Zip:	PENN VALLEY PA 19072
T '01 -			
Title	CFO	Title	P
Name	CFO ORR, ROBERT F	Litle Name	P D'ANGELO, JOHN NIII
	ORR, ROBERT F 525 PLYMOUTH ROAD		
Name	ORR, ROBERT F	Name	D'ANGELO, JOHN NIII

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.

CFO

SIGNATURE: ROBERT F ORR

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date