

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001432

1. Entity Name

SYNERTECH HEALTH SYSTEM SOLUTIONS, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90223 045 ***150.00

Principal Place of Business

2400 THEA DRIVE
HARRISBURG PA 17110

Mailing Address

2400 THEA DRIVE
HARRISBURG PA 17110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2423802**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. ~~EXCLUDED INADVERTENTLY. PLEASE DISREGARD~~

Signature of officer or registered agent, or both, in the State of Florida.

SIGNATURE

Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROCK, STEVEN E**
CITY-ST-ZIP **2400 THEA DRIVE**
HARRISBURG PA 17110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **RUSO, BARBARA**
CITY-ST-ZIP **2400 THEA DRIVE**
HARRISBURG PA 17110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **LOSCHER, EDWARD A**
CITY-ST-ZIP **2400 THEA DRIVE**
HARRISBURG PA-17110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FOLTZ, WILLIAM M.J. JR.**
CITY-ST-ZIP **2400 THEA DRIVE**
HARRISBURG PA 17110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **GOES, THOMAS T**
CITY-ST-ZIP **2049 CENTURY PARK EAST, SUITE 2710**
LOS ANGELES CA 90067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BIFULK, EDWARD**
CITY-ST-ZIP **2400 THEA DRIVE**
HARRISBURG PA 17110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Edward A. Loscher **Edward A. Loscher**

Date

Daytime Phone #

2/5/2001 (117) 703-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)