

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90001 032 ***550.00

DOCUMENT # F00000001432

1. Entity Name

SYNERTECH HEALTH SYSTEM SOLUTIONS, INC. LLC

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. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------------------|---|---------------------------------|-------|------|----------------|---|
| | P | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | ROCK, STEVEN E | 2400 THEA DRIVE | HARRISBURG PA 17110 | | | | |
| | V | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | RUSSO, BARBARA | 2400 THEA DRIVE | HARRISBURG PA 17110 | | | | |
| | AS- | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | LOSCHER, EDWARD A | 2400 THEA DRIVE | HARRISBURG PA 17110 | | | | |
| | T | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | FOLTZ, WILLIAM M.J. JR. | 2400 THEA DRIVE | HARRISBURG PA 17110 | | | | |
| | C | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | GORES, THOMAS T | 2049 CENTURY PARK EAST, SUITE 2710 | LOS ANGELES CA 90067 | | | | |
| | V | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | BIFULK, EDWARD | 2400 THEA DRIVE | HARRISBURG PA 17110 | | | | |

CR2E034 (4/02)

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/2002 717 703 6060