

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90528 032 \*\*\*150.00

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

☐ CHECK HERE IF MAKING CHANGES



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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Edward A. Loscher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2003

717-703-6060

Date

Daytime Phone #

CR2E034 (10/02)