

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004275

Entity Name: SYNERGY CARE, INC.

FILED  
Feb 15, 2010  
Secretary of State

## Current Principal Place of Business:

ONE LAKESHORE DR  
STE 1900  
LAKE CHARLES, LA 70629

## New Principal Place of Business:

127 W BROAD STREET  
STE 850  
LAKE CHARLES, LA 70601

## Current Mailing Address:

ONE LAKESHORE DR  
STE 1900  
LAKE CHARLES, LA 70629

## New Mailing Address:

127 W BROAD STREET  
STE 850  
LAKE CHARLES, LA 70601

FEI Number: 72-1448530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BILLEN, ANDREA  
3421 NW 71ST ST  
COCONUT CREEK, FL 330734807 US

## Name and Address of New Registered Agent:

MOON, ALLISON  
2494 LAKE FOREST AVENUE  
SPRING HILL, FL 34609 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: ALLISON MOON

02/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: BROUSSARD, KENDALL A  
Address: 127 W BROAD STREET, STE 850  
City-St-Zip: LAKE CHARLES, LA 70601

Title: VPSD  
Name: BROUSSARD, ELIZABETH J  
Address: 127 W BROAD STREET, STE 850  
City-St-Zip: LAKE CHARLES, LA 70601

Title: D  
Name: BROUSSARD, REUBEN P  
Address: 127 W BROAD STREET, STE 850  
City-St-Zip: LAKE CHARLES, LA 70601

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.

SIGNATURE: KENDALL A. BROUSSARD

PRES

02/15/2010

Electronic Signature of Signing Officer or Director

Date