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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Synergistic Healthcare Solutions Inc.

Certificate of Status	0
Certified Copy	0
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Synergistic Healthcare Solutions Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 26-3117484

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. July 29, 2008

5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. None to date

(Date first transacted business in Florida, if prior to registration)
(SBE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1800 JFK Boulevard, 20th Floor, Philadelphia, PA 19103

(Principal office address)

1800 JFK Boulevard, 20th Floor, Philadelphia, PA 19103

(Current mailing address)

8. Sale of healthcare insurance and supplemental healthcare insurance products

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: 

(Registered agent's signature)

JAMES M. NEWSOME

Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Matthew J. Comisky

Address: 1000 Centennial Road, Penn Valley, Pennsylvania 19072

Director: Alex Ricciuti, PhD, MD

Address: 47 Iroquois Court, Wayne, Pennsylvania 19087

Director: Maxine Comisky

Address: 1000 Centennial Road, Penn Valley, Pennsylvania 19072

Director: Jill Berman

Address: 606 Fairview Road, Penn Valley, Pennsylvania 19072

B. OFFICERS

President: John N. D'Angelo

Address: 505 West Hamilton Avenue, Suite 105, Linwood, New Jersey 08221

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Robert Orr

Address: 1800 JFK Boulevard, 20th Floor, Philadelphia, PA 19103

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Chairman

(Typed or printed name and capacity of person signing application)

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PAGE 1 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYNERGISTIC HEALTHCARE SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6956448

DATE: 11-07-08