2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004845

Entity Name: SYNERGISTIC HEALTHCARE SOLUTIONS INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1800 JFK BOULEVARD				1800 JFK BOULEVARD		
20TH FLOOR				20TH FLOOR		
PHILADELPHIA, PA 19103				PHILADELPHIA, PA 19103 US		
Current Mailing Address:				New Mailing Address:		
1800 JFK BOULEVARD				1800 JFK BOULEVARD		
20TH FLOOR				20TH FLOOR		
PHILADELPHIA, PA 19103				PHILADELPHIA, PA 19103 US		
FEI Number:	26-3117484	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of N	lew Registered Agent:
C T CORP	ORATION SY	STEM				
1200 SOU	TH PINE ISLA	ND ROAD				
PLANTATI	ON, FL 33324	4 US				
in the State	named entity of Florida.	submits this statement for the pu	ırpose o	t changing i	ts registered o	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electror	nic Signature of Registered Ager	nt			Date
Election Car	npaign Financin	g Trust Fund Contribution ().				
		• (,				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	С () Delete		Title:	C (X)) Change () Addition
Name:	COMISKY, MA	TTHEW J		Name:	MATTHEW	
Address:	1000 CENTENI	NIAL ROAD		Address:	1000 CENTENN	NIAL ROAD
City-St-Zip:	PENN VALLEY	, PA 19072		City-St-Zip:	PENN VALLEY,	PA 19072 US
Title:	D () Delete		Title:	D (X)) Change ()Addition
Name:	RICCIUTI, ALE	X PH.D,MD		Name:	COMISKY	
Address:	47 IROQUOIS	COURT		Address:	1000 CENTENN	NIAL ROAD
City-St-Zip:	WAYNE, PA 1	9087		City-St-Zip:	PENN VALLEY,	PA 19072 US
Title:	D () Delete		Title:	D (X)) Change ()Addition
Name:	COMISKY, MA	XINE		Name:	JILL	
Address:	1000 CENTENI	NIAL ROAD		Address:	606 FAIRVIEW	ROAD
City-St-Zip:	PENN VALLEY	, PA 19072		City-St-Zip:	PENN VALLEY,	PA 19072 US
Title:	D () Delete		Title:	P (X)) Change ()Addition
Name:	BERMAN, JILL	•		Name:	JOHN	, 3 ()
Address:	606 FAIRVIEW	'ROAD		Address:	505 WEST HAN	/ILTON AVENUE, SUITE 105
City-St-Zip:	PENN VALLEY	, PA 19072		City-St-Zip:	LINWOOD, NJ	08221 US
Title:	Р () Delete		Title:	T (X)) Change ()Addition
Name:	D'ANGELO, ĴO			Name:	ROBERT	
Address:	ess: 505 WEST HAMILTON AVENUE, SUITE 105			Address: 1800 JFK BOULEVARD, 20TH FLOOR		
City-St-Zip:					, PA 19013 US	
Title:	T (X) Delete		Title:	()	Change () Addition
Name:	ORR, ROBERT			Name:	()	- 、 /
Address:		LEVARD, 20TH FLOOR		Address:		
City-St-Zip:	PHILADELPHIA			City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MATTHEW J COMISKY C 04/27/2009