## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F98000002548

Entity Name: HEALTH SYNERGY GROUP, INC.

FILED Nov 14, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
1301 WEST COPANS ROAD BOULEVARD E5-6 POMPANO BEACH, FL 33064			1301 WEST COPANS ROAD BUILDING E 1-5 POMPANO BEACH, FL 33064			
Current M	lailing Addre	ss:	New Mailin	New Mailing Address:		
1301 W COPANS ROAD BOULEVARD E 5-6 POMPANO BEACH, FL 33064			1301 W COPANS ROAD BUILDING E, 1-5 POMPANO BEACH, FL 33064			
FEI Number:	: 88-0381235	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:	
TUSCANY DELRAY E	BEACH, FL 33 named entity		ourpose of changing it	ts registered	l office or registered agent, or bo	
	e of Florida. 					
SIGNATU		nic Signature of Registered Age	ant and		 Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	VAN DE, CAST 1301 WEST C	) Delete EELE R OPANS RD BLDG E STE 1-4 ACH, FL 33064	Title: Name: Address: City-St-Zip:	VAN DE, CAS 1301 WEST	(X) Change ()Addition STEELE R COPANS RD BLDG E STE 1-4 EACH, FL 33064	
Title: Name: Address: City-St-Zip:	DAVETT, DON 1301 WEST C	) Delete ALD OPANS RD BLDG E STE 1-4 ACH, FL 33064	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	GERIKE, MICH 1301 WEST C	) Delete IAEL OPANS RD BLDG E STE 1-4 ACH, FL 33064	Title: Name: Address: City-St-Zip:	KEEFE, ALE: 1301 W COF	(X) Change ( ) Addition X PANS ROAD BUILDING E 1-5 EACH, FL 33064	
Title: Name: Address: City-St-Zip:	NEVARD, ROG 1301 WEST C	) Delete ER OPANS RD BLDG E STE 1-4 ACH, FL 33064	Title: Name: Address: City-St-Zip:	NEVEU, MAR 1301 W COF	(X) Change()Addition KK ANS ROAD BUILDING E 1-5 EACH, FL 33064	
Title: Name: Address: City-St-Zip:	NEVEY, MARK 139 W COPAN	S) Delete S ROAD BOULEVARD E 5-6 ACH, FL 33064	Title: Name: Address: City-St-Zip:		()Change ()Addition	

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: ALEX KEEFE PTD 11/14/2008