

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002548

Entity Name: HEALTH SYNERGY GROUP, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1301 WEST COPANS ROAD
BUILDING E 1-5
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1301 W COPANS ROAD
BUILDING E, 1-5
POMPANO BEACH, FL 33064

New Mailing Address:

1301 WEST COPANS ROAD
BUILDING E 1-5
POMPANO BEACH, FL 33064

FEI Number: 88-0381235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVETT, DONALD A
TUSCANY C 183
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAN DE, CASTEELE R
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: DAVETT, DONALD
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: PTD () Delete
Name: KEEFE, ALEX
Address: 1301 W COPANS ROAD BUILDING E 1-5
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Delete
Name: NEVEU, MARK
Address: 1301 W COPANS ROAD BUILDING E 1-5
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAN DE CASTEELE, RUSSELL
Address: 1301 WEST COPANS RD BLDG E STE 1-4
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALEX KEEFE

PTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date