7/17

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
07-17-2002 90139 035 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005768

1. Entity Name
SYNERGY MEDICAL & REHAB, L.L.C.

Principal Place of Business	Mailing Address
4408 WEST SAN MIGUEL ST. TAMPA FL 33629	4408 WEST SAN MIGUEL ST. TAMPA FL 33629

2. Principal Place of Business	3. Mailing Address
2727 MLK Blvd	2727 MARTIN L. King
Suite, Apt. #, etc. 310	Suite, Apt. #, etc. 310
City & State TAMPA	City & State TAMPA
Zip 33607 Country USA	Zip 33706 Country USA Hillsborough

4. FEI Number 59-3715410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIGLIO, JAMES A 4408 WEST SAN MIGUEL ST. TAMPA FL 33629	Name James A. Giglio Street Address (P.O. Box Number is Not Acceptable) 2727 MLK Blvd #310 City TAMPA FL 33607

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GIGLIO, JAMES A 4408 WEST SAN MIGUEL ST. TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2727 MARTIN L. King #310 TAMPA, FL 33607	☒ Change ☐ Addition
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CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE X SIGNATURE REQUIRED [signature] 7/16/02 248-1319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #