

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005768

1. Entity Name

SYNERGY MEDICAL & REHAB, L.L.C.



Principal Place of Business

2727 MARTIN LUTHER KING BLVD
#310
TAMPA FL 33607

Mailing Address

2727 MARTIN LUTHER KING BLVD
#310
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GIGLIO, JAMES A
2727 MARTIN LUTHER KING BLVD
#310
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

James A. Giglio

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/02/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS **MANAGERS**

TITLE MGR
NAME GIGLIO, JAMES A
STREET ADDRESS 2727 MARTIN LUTHER KING BLVD #310
CITY-ST-ZIP TAMPA FL 33607

☐ Delete

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

U00000079768
03/08/04-80082-001 50.00

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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:

James A. Giglio *Manager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/02/04

DATE

813-748-1319

DAYTIME PHONE #