2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

05-13-2005 90048 006 ****40.00
20060382 2005 90164 019 ****10.00

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

04272005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2727 MARTIN LUTHER KING BLVD #310 TAMPA FL 33607	2727 MARTIN LUTHER KING BLVD #310 TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address
3031 W. Cypress St.	3031 W. Cypress St.
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Tampa FL	City & State Tampa, FL
Zip 33609 Country USA	Zip 33609 Country USA

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

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

7. Name and Address of New Registered Agent

Name DAVID FONTES, Esquire
Street Address (P.O. Box Number is Not Acceptable)
Same As Above
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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 4/13/05 DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EIELIO, JAMES A 2727 MARTIN LUTHER KING BLVD #310 TAMPA, FL 33607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Giglio, James A 3031 W. Cypress St, Suite C Tampa FL 33609 Gen Manager	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/13/05 Date Daytime Phone #