

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005768

FILED
Apr 29, 2006
Secretary of State

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

Current Principal Place of Business:

3031 W CYPRESS ST
SUITE C
TAMPA, FL 33609

New Principal Place of Business:

15511 N FLORIDA AVE
SUITE B1
TAMPA, FL 33613

Current Mailing Address:

3031 W CYPRESS ST
SUITE C
TAMPA, FL 33609

New Mailing Address:

P.O. BOX 93580
LAKELAND, FL 33804

FEI Number: 59-3715410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTES, DAVID ESQ
3031 W CYPRESS ST
SUITE C
TAMPA, FL 33609 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIGLIO, JAMES A
Address: 3031 W CYPRESS ST, SUITE C
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRONEN, LJ DR
Address: 15511 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: MGR () Change (X) Addition
Name: GIGLIO, JAMES
Address: 15511 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LKRON

MGRM

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date