

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005768

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

15511 N FLORIDA AVE  
SUITE B2  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 93580  
LAKELAND, FL 33804

**New Mailing Address:**

FEI Number: 59-3715410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

PROFESSIONAL ASSOCIATES  
4408 W. SAN MIGUEL ST.  
TAMPA, FL 33629 US

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: JAMES A. GIGLIO

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRONEN, L DR  
Address: 15511 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33613

Title: MGR ( ) Delete  
Name: GIGLIO, JAMES  
Address: 15511 N FLORIDA AVE B2  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

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 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: JAMES A. GIGLIO

MGR

04/15/2009

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