2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# L01000005768

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 ( )**

Name and Address of Current Registered Agent:

PROFESSIONAL ASSOCIATES
4408 W. SAN MIGUEL ST.
TAMPA, FL 33629 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: MGRM
Name: KRONEN, L DR
Address: 15511 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

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

I hereby 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 Statues.

SIGNATURE: PROASSOC MNGR 04/27/2010

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