

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001316

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** SYNERGY HEALTHCARE SERVICES, L.L.C.

**Current Principal Place of Business:**

C/O LOUISE JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOUISE JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 60-0001788      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEROSLOW, LOUISE T  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, FL 33143    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:** FANNIN, DEBORAH D  
**Address:** 2855 REGAL PINE TRAIL  
**City-St-Zip:** OVIEDO, FL 32766

**Title:** MGRM  
**Name:** GONZALEZ, MARIA E  
**Address:** 20020 N.E. 20TH COURT  
**City-St-Zip:** MIAMI, FL 33179

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 Statutes.

SIGNATURE: MARIA E. GONZALEZ      MM      04/22/2010

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