

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001316

**FILED**  
**Apr 12, 2011**  
**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 (X)**

**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

CFO

04/12/2011

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