

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019693

FILED
Apr 03, 2007
Secretary of State

Entity Name: SYNERGY HEALTH AND RESEARCH, LLC

Current Principal Place of Business:

280 WEKIVA SPRINGS ROAD
SUITE 107
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 107
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 14-1840373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTEN, JUDITH A
280 WEKIVA SPRINGS ROAD
SUITE 107
LONGWOOD, FL 32779 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 () Delete
Name: TAMAYO, RAUL E MD
Address: 280 WEKIVA SPRINGS ROAD, SUITE 107
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: PORTEN, JUDITH A
Address: 280 WEKIVA SPRINGS ROAD, SUITE 107
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAMAYO, RAUL E MD
Address: 280 WEKIVA SPRINGS ROAD, SUITE 1030
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM (X) Change () Addition
Name: PORTEN, JUDITH A
Address: 280 WEKIVA SPRINGS ROAD, SUITE 1030
City-St-Zip: LONGWOOD, FL 32779 US

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: JUDY PORTEN

M

04/03/2007

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