

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019693

FILED
Apr 30, 2008
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:

280 WEKIVA SPRINGS ROAD
SUITE 1030
LONGWOOD, FL 32779 US

Current Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 107
LONGWOOD, FL 32779 US

New Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 1030
LONGWOOD, FL 32779 US

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:

PORTEN, JUDITH A
280 WEKIVA SPRINGS ROAD
SUITE 1030
LONGWOOD, FL 32779 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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: RAUL E. TAMAYO

MGR

04/30/2008

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