

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038670

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: SYNTRICITY HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O MARIA E. GONZALEZ  
2130 N.E. 206TH STREET  
MIAMI, FL 33179

**Current Mailing Address:**

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

**New Mailing Address:**

C/O MARIA E. GONZALEZ  
2130 N.E. 206TH STREET  
MIAMI, FL 33179

FEI Number: 20-0347860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JEROSLOW, LOUISE ESQ.  
C/O LAW OFFICES OF LOUISE T. JEROSLOW, P.A.  
6075 SUNSET DRIVE, SUITE 201  
SOUTH MIAMI, FL 33143 US

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

GONZALEZ, MARIA E  
2130 N.E. 206TH STREET  
MIAMI, FL 33179 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: MARIA E. GONZALEZ

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: FANNIN, DEBORAH D  
Address: C/O 6075 SUNSET DRIVE, SUITE 201  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: V (X) Delete  
Name: COMPTON, MARTHA S  
Address: C/O 6075 SUNSET DRIVE, SUITE 201  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: ST ( ) Delete  
Name: GONZALEZ, MARIA E  
Address: C/O 6075 SUNSET DRIVE, SUITE 201  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FANNIN, DEBORAH D  
Address: 342 RALEIGH PLACE  
City-St-Zip: OVIEDO, FL 32762

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, MARIA E  
Address: 2130 N.E. 206TH STREET  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA E. GONZALEZ

MGRM

04/26/2005

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