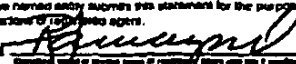
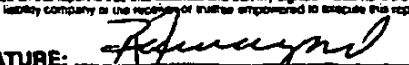


FILED
Jun 17, 2005 8:00 am
Secretary of State

04-25-2005 90105 029 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003736			
1. Entity Name SYNERGY HEALTH AND WELLNESS, LLC			
Principal Place of Business 280 WEKIVA SPRINGS RD, STE 108 LONGWOOD, FL 32779		Mailing Address 280 WEKIVA SPRINGS RD, STE 108 LONGWOOD, FL 32779	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0593054		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAC CORPORATE SERVICES OF CENTRAL FL INC 300 N ORANGE AVE, STE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent TAMAYO, Raul E. Sign Address (P.O. Box Number is acceptable) 280 WEKIVA SPRINGS RD. Suite 108 Longwood FL 32779	
8. 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. I am together with, and accept the obligations of this statement.			
SIGNATURE 		DATE 4/1/05	
Filing Fee to \$58.00 Due by May 3, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			
10. ADDITIONS / CHANGES		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information incorporated in this report is true and accurate and that my 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 secretary or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.			
SIGNATURE: 		DATE: 4/1/05	
SIGNATURE AND TYPE OF OFFICER OR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	