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

4/25

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

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003736

1. Entity Name
SYNERGY HEALTH AND WELLNESS, LLC

30009533

Principal Place of Business	Mailing Address
280 WEKIVA SPRINGS RD, STE 108 LONGWOOD, FL 32779	280 WEKIVA SPRINGS RD, STE 108 LONGWOOD, FL 32779

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0593054 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC
390 N ORANGE AVE, STE 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Tamayo, Raul E.
Street Address (P.O. Box Number is not acceptable): 280 Wekiva Springs Rd
Suite 108
City: Longwood FL Zip Code: 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 familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/12/05
DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

(MANAGER)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tamayo, Raul (OWNER) 280 Wekiva Spgs. Rd. Ste. 108 Longwood, FL 32779	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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)(i), Florida Statutes. I further certify that the information indicated on 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE [illegible] Date Daytime Phone #