

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003736

FILED
Mar 06, 2007
Secretary of State

Entity Name: SYNERGY HEALTH AND WELLNESS, LLC

Current Principal Place of Business:

280 WEKIVA SPRINGS RD, STE 108
LONGWOOD, FL 32779

New Principal Place of Business:

280 WEKIVA SPRINGS RD, STE 1040
LONGWOOD, FL 32779

Current Mailing Address:

280 WEKIVA SPRINGS RD, STE 108
LONGWOOD, FL 32779

New Mailing Address:

280 WEKIVA SPRINGS RD, STE 1040
LONGWOOD, FL 32779

FEI Number: 20-0593054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMAYA, RAUL E
280 WEKIVA SPENIGS RD
SUITE 108
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

TAMAYA, RAUL E
280 WEKIVA SPENIGS RD
SUITE 1040
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:

03/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TAMAYO, RAUL
Address: 280 WEKIVA SPRINGS RD, STE 108
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

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

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: RAUL E TAMAYA

DR

03/06/2007

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