

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90169 040 \*\*\*\*50.00

DOCUMENT # L04000082434



1. Entity Name  
SYNERGISTIC HEALTH INTEGRATIONS, LLC

Principal Place of Business  
7700 N. KENDALL DR., #405  
MIAMI, FL 33156

Mailing Address  
7700 N. KENDALL DR., #405  
MIAMI, FL 33156

20005132



2. Principal Place of Business  
8660 W. FLAGLER ST  
Suite, Apt. #, etc. #200

3. Mailing Address  
8660 W. FLAGLER ST  
Suite, Apt. #, etc. #200

01092006 Chg-LLC CR2E083 (11/05)

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
20-1878700

Applied For  
Not Applicable

Zip  
33144

Country  
USA

Zip  
33144

Country  
USA

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

## 6. Name and Address of Current Registered Agent

LEITMAN, LORN  
7700 N KENDALL DR., #405  
MIAMI, FL 33156

## 7. Name and Address of New Registered Agent

Name  
LORN LEITMAN

Street Address (P.O. Box Number is Not Acceptable)

8660 W. FLAGLER ST, #200

City  
MIAMI

FL

Zip Code  
33144

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEITMAN, LORN  
77010 N KENDALL DR, # 405  
MIAMI, FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHRISTENSEN, REID M  
7700 KENDALL DR, # 405  
MIAMI, FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8660 W. FLAGLER ST, #200  
MIAMI FL 33144 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8660 W. FLAGLER ST, #200  
MIAMI FL 33144 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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:

*(Lorn Leitman)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/06 305-222-5176