


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000082434</b> 1. Entity Name <b>SYNERGISTIC HEALTH INTEGRATIONS, LLC</b>	
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Principal Place of Business <b>8660 W. FLAGLER ST 200 MIAMI, FL 33144</b>	Mailing Address <b>8660 W. FLAGLER ST 200 MIAMI, FL 33144</b>
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01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-1878700</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>LEITMAN, LORN 8660 W. FLAGLER ST #200 MIAMI, FL 33144</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>U00000837387 03/04/08-80055-011 138.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LETTMAN, LORN 8660 W. FLAGLER ST., #200 MIAMI, FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHRISTENSEN, REID M 8660 W. FLAGLER ST., #200 MIAMI, FL 33144</b>
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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.

<b>SIGNATURE:</b>  <b>LORN LEITMAN</b>	<b>2/22/08</b>	<b>305-227-5176</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>