

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082434

FILED
Apr 28, 2009
Secretary of State

Entity Name: SYNERGISTIC HEALTH INTEGRATIONS, LLC

Current Principal Place of Business:

8660 W. FLAGLER ST
200
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8660 W. FLAGLER ST
200
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-1878700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEITMAN, LORN
8660 W. FLAGLER ST
#200
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LETTMAN, LORN
Address: 8660 W. FLAGLER ST., #200
City-St-Zip: MIAMI, FL 33144

Title: MGRM () Delete
Name: CHRISTENSEN, REID M
Address: 8660 W. FLAGLER ST., #200
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LORN LEITMAN

MGRM

04/28/2009

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