2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000025837

Entity Name: SYNERGY LONG TERM CARE MANAGEMENT, LLC

Current Principal Place of Business:

C/O LOUISE JEROSLOW, ESQ.
6075 SUNSET DRIVE, SUITE 201
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

C/O LOUISE JEROSLOW, ESQ.
6075 SUNSET DRIVE, SUITE 201
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE ESQ.
C/O LAW OFFICES OF LOUISE T. JEROSLOW
6075 SUNSET DRIVE, SUITE 201
SOUTH MIAMI, FL 33143 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: CEO ( ) Delete
Name: FANNIN, DEBORAH D
Address: 2855 REGAL PINE TRAIL
City-St-Zip: OVIEDO, FL 32776 US

Title: CFO ( ) Delete
Name: GONZALEZ, MARIA E
Address: 19720 NE 23RD AVE
City-St-Zip: MIAMI, FL 33180 US

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: MARIA ELVA GONZALEZ MGRM 04/26/2007

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