2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025837

Address:

City-St-Zip:

19720 NE 23RD AVE

MIAMI, FL 33180 US

Entity Name: SYNERGY HEALTHCARE SOLUTIONS, LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O LOUISE JEROSLOW, ESQ 6075 SUNSET DRIVE, SUITE 201 SOUTH MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** C/O LOUISE JEROSLOW, ESQ. 6075 SUNSET DRIVE, SUITE 201 SOUTH MIAMI, FL 33143 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEROSLOW, LOUISE ESQ C/O LAW OFFICES OF LOUISE T. JEROSLOW 6075 SUNSET DRIVE, SUITE 201 SOUTH MIAMI, FL 33143 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete FANNIN, DEBORAH D Name: Name: Address: 2855 REGAL PINE TRAIL Address: City-St-Zip: OVIEDO, FL 32776 US City-St-Zip: Title: CFO () Delete Title: () Change () Addition Name: GONZALEZ, MARIA E 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 E GONZALEZ MGRM 04/20/2009