

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004438

FILED
Jan 29, 2008
Secretary of State

Entity Name: SYNERGY WELLNESS CLINIC, LLC

Current Principal Place of Business:

275 NE 18 STREET, SUITE 10B
MIAMI, FL 33132

New Principal Place of Business:

275 NE 18 STREET
112
MIAMI, FL 33132

Current Mailing Address:

275 NE 18 STREET, SUITE 10B
MIAMI, FL 33132

New Mailing Address:

275 NE 18 STREET
112
MIAMI, FL 33132

FEI Number: 01-0878852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, GUSTAVO
5360 SW 140 CT
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

MARSHALL, GUSTAVO
275 NE 18 STREET
112
MIAMI, FL 33132 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:

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARSHALL, GUSTAVO DC
Address: 5360 SW 140 CT
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: FERNANDEZ, NANCY
Address: 5360 SW 140 CT
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARSHALL, GUSTAVO DC
Address: 275 NE 18 STREET, SUITE 112
City-St-Zip: MIAMI, FL 33132

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, NANCY
Address: 275 NE 18 STREET, SUITE 112
City-St-Zip: MIAMI, FL 33132

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: GUSTAVO MARSHALL

MGR

01/29/2008

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