

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000098677

Entity Name: SYNERGY HEALTH, LLC

FILED
Jul 07, 2011
Secretary of State

Current Principal Place of Business:

2180 WEST STATE ROAD 434
2110
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
2110
LONGWOOD, FL 32779

New Mailing Address:

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

Name and Address of Current Registered Agent:

OWENS, SHAWNA
2180 WEST STATE ROAD 434
2110
LONGWOOD, FL 32779 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: SHAWNA OWENS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: OWENS, SHAWNA
Address: 2180 WEST STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: SHAWNA OWENS

MGR

07/07/2011

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