

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050685

Entity Name: SYNERGY MEDICA, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11606 WATER POPPY TERRACE  
LAKEWOOD RANCH, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

11523 PALM BRUSH TRAIL  
SUITE 302  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

FEI Number: 61-1647420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KELLY, MILDRED O  
11606 WATER POPPY TERRACE  
LAKEWOOD RANCH, FL 34202 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  
Name: KELLY, MILDRED O  
Address: 11606 WATER POPPY TERRACE  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: MGRM  
Name: KELLY, EDMOND J  
Address: 11606 WATER POPPY TERRACE  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

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: EDMOND J. KELLY

MGRM

05/01/2012

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