

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000095035

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** SYNERGY CLINICAL RESEARCH CONSULTANTS LLC.

**Current Principal Place of Business:**

1081 SE 19TH AVENUE  
HOMESTEAD, FL 33035

**New Principal Place of Business:**

**Current Mailing Address:**

1081 SE 19TH AVENUE  
HOMESTEAD, FL 33035

**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:**

LINARES-HYDE, ELVIA  
1081 SE 19TH AVENUE  
HOMESTEAD, FL 33035    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:                      D  
Name:                      LINARES-HYDE, ELVIA  
Address:                      1081 SE 19TH AVENUE  
City-St-Zip:                      HOMESTEAD, FL 33035

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: ELVIA LINARES-HYDE                      D                      01/12/2012

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