

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001295

Entity Name: PROVIDER SYNERGIES, L.L.C.

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

5181 NATORP BLVD.
SUITE 205
MASON, OH 45040

New Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

Current Mailing Address:

5181 NATORP BLVD.
SUITE 205
MASON, OH 45040

New Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

FEI Number: 31-1597878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MAGGIE FERDINAND

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TAYLOR, TERRY
Address: 5181 NATORP BLVD., SUITE 205
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: KINCAID, DANIEL E
Address: 5181 NATORP BLVD., SUITE 205
City-St-Zip: MASON, OH 45040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY R. SMITH

AR

03/29/2006

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