2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001295

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

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 900	KLEDGE DRIV) A, MD 20817	E			
Current Mailing Address:			New Maili	New Mailing Address:	
6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA, MD 20817					
FEI Number: 31-1597878 FEI Number Applied For ()			FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
2731 EXEC SUITE 4 WESTON,	CUTIVE PARK FL 33331 US			ika wasi akanada affi a a wasa iskanada ayanka a bakka	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered agent, or both	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	HODGES, JAN	Delete OGE DRIVE, STE 900 0 20817	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOLSTMAN, FR	GE DRIVE, STE 900	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition WEINBERG, JONATHAN 6705 ROCKLEDGE DRIVE, STE 900 BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	ROBINSON, G	GE DRIVE, STE 900	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MCGARRY, JAMES E 6705 ROCKLEDGE DRIVE, STE 900 BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	MCDONOUGH, 6705 ROCKLED	GE DRIVE, STE 900	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition QUINN, PETER J 6705 ROCKLEDGE DRIVE, STE 900 BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	SMITH, SHIRLE	GE DRIVE, STE 900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GUERTIN, SHA	GE DRIVE, STE 900	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JONATHAN WEINBERG MGR 04/22/2009