2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# M07000002057

Entity Name: SYNERGY HEALTH SERVICES, LLC

Current Principal Place of Business:

123 SEABEARN CT.
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

123 SEABEARN CT.
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 20-8429312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIMER, LESLI M
123 SEABEARN CT.
ORLANDO, FL 32824 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 ( ) Delete
Name: LEIMER, LESLIE M
Address: 123 SEABEARN CT.
City-St-Zip: ORLANDO, FL 32824

Title: MGRM ( ) Delete
Name: SLAGLE, MICHAEL W
Address: 5705 SE 2000
City-St-Zip: ANDREWS, TX 79714

Title: MGRM (X) Delete
Name: SMITH, MARLENE H
Address: 300 CONDICT DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEIMER, LESLI M
Address: 123 SEABEARN CT.
City-St-Zip: ORLANDO, FL 32824

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 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: LESLI LEIMER MGRM 01/06/2008

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