

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000723

Entity Name: CYNERGY HEALTHCARE, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

200 SPRING DRIVE #6  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

994 COUNTRY LAKE CIRCLE  
LAKE WALES, FL 33898

**Current Mailing Address:**

200 SPRING DRIVE #6  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

994 COUNTRY LAKE CIRCLE  
LAKE WALES, FL 33898

FEI Number: 26-2723309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MINER, ROBERT C  
200 SPRING DRIVE #6  
MERRITT ISLAND, FL 32953 US

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

MINER, ROBERT C  
994 COUNTRY LAKE CIRCLE  
LAKE WALES, FL 33898 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:

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MINER, ROBERT C  
Address: 994 COUNTRY LAKE CIRCLE  
City-St-Zip: LAKE WALES, FL 33898

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: ROBERT C. MINER

MGR

01/05/2012

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