2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P00000000146

Entity Name: SYNERGY HEALTHCARE COMMUNICATIONS, INC.

Current Principal Place of Business:

1400 NORTH ROUTE 206
BEDMINSTER, NJ 07921

New Principal Place of Business:

Current Mailing Address:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3616483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALAN R HIGBEE
501 KENNEDY BLVD #1700
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, GARY M
Address: 9504 EDDINGS ROAD
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete
Name: COHEN, ROBIN J
Address: 9504 EDDINGS ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HAIGHT MR 04/15/2005

Electronic Signature of Signing Officer or Director Date