

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022611

1. Entity Name

SYNERGY HEALTH SOLUTIONS, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90070 019 ***150.00

Principal Place of Business

Mailing Address

2191-9TH AVENUE NORTH, SUITE 100
ST PETERSBURG FL 33713

2191-9TH AVENUE NORTH, SUITE 100
ST PETERSBURG FL 33713

00015555

2. Principal Place of Business

c/o Strawn, Marshall, et. al.

2191 9th Ave. N.

100 2nd Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 320

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33713

U.S.A.

33701

U.S.A.

4. FEI Number

59-3635291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, JAMES C ESQ
100 2ND AVENUE SOUTH SUITE 1201S
ST PETERSBURG FL 33701

Name

Dr. Malcolm Fraser

Street Address (P.O. Box Number is Not Acceptable)

2191 9th Avenue North

Suite 100

City

St. Petersburg, FL

FL

Zip Code

33713

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mario Cornacchione
20823 Pinehurst Greens Drive
Estero, FL 33928

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Malcolm Fraser
500 Brightwaters Blvd. Ne
St. Petersburg, FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)