

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022611

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: SYNERGY HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5000 SANDPIPER LANE S  
ST PETERSBURG, FL 33711

**Current Mailing Address:**

P.O. BOX 1029  
ST PETERSBURG, FL 33731

**New Mailing Address:**

FEI Number: 59-3635291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRASER, MALCOLM  
2191 9TH AVENUE NORTH  
STE 100  
SAINT PETERSBURG, FL 33713 US

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

FRASER, MALCOLM  
5000 SANDPIPER LANE S  
SAINT PETERSBURG, FL 33711 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:

07/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FRASER, MALCOLM  
Address: 5000 SANDPIPER LANE S  
City-St-Zip: ST PETERSBURG, FL 33711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MALCOLM R FRASER

DR

07/11/2005

Electronic Signature of Signing Officer or Director

Date