

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90015 003 \*\*\*150.00

DOCUMENT # P00000046468

1. Entity Name

SYNERGY MEDICAL CENTER, INC.

Principal Place of Business

~~2641 NE 48TH STREET~~  
LIGHTHOUSE POINT FL 33064

Mailing Address

~~2641 NE 48TH STREET~~  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

1216 E. ATLANTIC BLVD  
Suite, Apt. #, etc.  
#1

3. Mailing Address

1216 E. ATLANTIC BLVD  
Suite, Apt. #, etc.  
#1



DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BCH, FL  
Zip  
33060  
Country  
USA

City & State  
POMPANO BCH, FL  
Zip  
33060  
Country  
USA

4. FEI Number

65-1010396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAFFEL, CINDY B  
2641 NE 48TH STREET  
LIGHTHOUSE POINT FL 33064

Name

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

City

FL

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTV  
TAFFEL, CINDY B  
~~2641 NE 48TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1216 E. ATLANTIC BLVD. #1  
POMPANO BCH, FL 33060

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TAFFEL, CINDY B  
~~2641 NE 48TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Cindy B. Taffel*  
CINDY B. TAFFEL

1/19/01

954-785-2734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)