

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90042 039 \*\*\*150.00

**DOCUMENT # P00000046468**

**1. Entity Name**  
**SYNERGY MEDICAL CENTER, INC.**

**Principal Place of Business**  
**1216 E ATLANTIC BLVD**  
**#1**  
**POMPANO BEACH FL 33060**

**Mailing Address**  
**1216 E ATLANTIC BLVD**  
**#1**  
**POMPANO BEACH FL 33060**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-1010396**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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)  
**1216 E. ATLANTIC BLVD.**  
**SUITE #1**  
**POMPANO BEACH FL 33060**

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

(NOTE: Registered Agent signature required when reinstating)

*1/16/02*  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV</b> <b>TAFFEL, CINDY B</b> <b>1216 E ATLANTIC BLVD #1</b> <b>POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.**

**SIGNATURE:**

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/16/02*  
 Date

Daytime Phone #

CR2E034 (9/01)