

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000046468

Entity Name: SYNERGY MEDICAL CENTER, INC.

FILED
Jun 07, 2007
Secretary of State

Current Principal Place of Business:

1624 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1624 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-1010396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAFFEL, CINDY B
1624 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 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: CINDY B. TAFFEL

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: PO () Delete
Name: TAFFEL, CINDY B
Address: 1624 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

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 exemption stated in Chapter 119, 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: CINDY B. TAFFEL

Electronic Signature of Signing Officer or Director

PO

06/07/2007

Date