

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90086 004 ***150.00

DOCUMENT # P02000015090
 1. Entity Name
 SYNERGY REHABILITATION, INC.



Principal Place of Business
 709 7TH LANE
 PALM BEACH GARDENS, FL 33418

Mailing Address
 709 7TH LANE
 PALM BEACH GARDENS, FL 33418

40004000



2. Principal Place of Business
 264 SW KESTOR DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 264 SW KESTOR DRIVE
 Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State
 PORT ST LUCIE, FL

City & State
 PORT ST LUCIE, FL

4. FEI Number
 01-0603398

Applied For
 Not Applicable

Zip
 34953

Country
 ST LUCIE

Zip
 34953

Country
 ST LUCIE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FUCILE, FRANK D
 709 7TH LANE
 PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
 Name
 FUCILE, FRANK D
 Street Address (P.O. Box Number is Not Acceptable)
 264 SW KESTOR DRIVE
 City
 PORT ST LUCIE FL Zip Code
 34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1/18/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution... \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MPT FUCILE, FRANK D 709 7TH LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MPT FUCILE, FRANK D 264 SW KESTOR DRIVE PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: *[Signature]* DATE 1/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #