
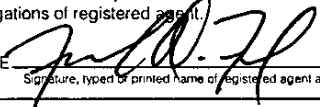
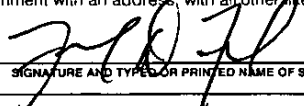


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business 264 SW KESTOR DRIVE Suite, Apt. #, etc.		3. Mailing Address 264 SW KESTOR DRIVE Suite, Apt. #, etc.			
City & State PORT ST LUCIE, FL		City & State PORT ST LUCIE, FL		4. FEI Number 01-0603398	
Zip 34953		Country ST LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$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  DATE 1/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	
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	
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 like empowered.					
SIGNATURE:  DATE 1/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					