

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015090

**FILED**  
**Mar 11, 2007**  
**Secretary of State**

**Entity Name:** SYNERGY REHABILITATION, INC.

**Current Principal Place of Business:**

264 SW KESTOR DRIVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

11950 SW KNIGHTS BRIDGE LANE  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

264 SW KESTOR DRIVE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

11950 SW KNIGHTS BRIDGE LANE  
PORT SAINT LUCIE, FL 34987

**FEI Number:** 01-0603398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUCILE, FRANK D  
264 SW KESTOR DRIVE  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

FUCILE, FRANK D  
11950 SW KNIGHTS BRIDGE LANE  
PORT SAINT LUCIE, FL 34987 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/11/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MPT ( ) Delete  
Name: FUCILE, FRANK D  
Address: 264 SW KESTOR DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MPT (X) Change ( ) Addition  
Name: FUCILE, FRANK D  
Address: 11950 SW KNIGHTS BRIDGE LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK D. FUCILE

Electronic Signature of Signing Officer or Director

MPT

03/11/2007

Date