2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# P03000062874

Entity Name: SYNERGY CLINICAL SERVICES, INC.

Current Principal Place of Business:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Principal Place of Business:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

Current Mailing Address:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Mailing Address:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

FEI Number: 20-0032647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
% R. ALAN HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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: _____

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: D ( ) Delete
Name: COHEN, GARY M
Address: 9504 EDDINGS ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COHEN, GARY M
Address: 8615 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

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: GARY M. COHEN PRES 07/17/2006

Electronic Signature of Signing Officer or Director Date