## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P0300064537  1. Entity Name SYNERGISTIC HEALTH CONCEPTS, INC.					04-28-2004 90240 017 ***150.00				
Principal Place	e of Business	Mailing Address	<u>,                                     </u>	·					
9310 SW 61	WAY	9310 SW 61 WAY							
#A Boca Raton	I, FL 33428 US	#A BOCA RATON, FL 3342	8 US	 	<b>           </b>		i ( <b>en</b> ernal () ( <b>*fi</b> e		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.		01062004	Chg-P	CR2E034 (10/0		-	
City & State	e	City & State		4. FEI Numb	174847		Applied For Not Applicable	┨	
Zip	Country	Zip	Country		e of Status Desired	□ \$8.75 Fee Requ	Additional		
,	6. Name and Address of Current i	Registered Agent	Nama	7. Name and	i Address of New R	egistered Agent -			
MARK, ROBERT G				Name					
9310 SW 61 WAY		Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
#A BOCA RATON, FL 33428								]	
			City	· · · · · · · · · · · · · · · · · · ·	<del> </del>	FL Zip C	ode		
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or	registered agent, or bo	oth, in the State of Flo	orida. I am familiar w	ith, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent e	od title if applicable (NOTE:	Registered Apost signatu	re required when reinstating)		DATE	· .		
	algunate, typed at printed finite of registered against	<del></del>			T	<u> </u>		1	
FILI	E NOW!!! FEE IS \$150.00	9. Election Campaig	in Financing	<b>\$5.00</b> May Be	i			1	
	ay 1, 2004 Fee will be \$550.0		bution.	Added to Fees	ļ			ļ	
After Ma	ay 1, 2004 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contri	bution.	Added to Fees	/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	<u> </u>	
After Ma	officers and I	Trust Fund Contri	11.	Added to Fees	/CHANGES TO OFF	ICERS AND DIRECTO			
After Ma	OFFICERS AND I PRES MARK, ROBERT G 9310 SW 61 WAY, #A	Trust Fund Contri	11.	Added to Fees	/CHANGES TO OFF			-	
After M:	OFFICERS AND I PRES MARK, ROBERT G 9310 SW 61 WAY, #A BOCA RATON, FL 33428	Trust Fund Contri	11. TITLE NAME STREET ADDRESS GITY-ST-ZIP	Added to Fees	/CHANGES TO OFF	Chang	e 🔲 Addition		
After M:  10.  TITLE  NAME  STRIET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND I PRES MARK, ROBERT G 9310 SW 61 WAY, #A BOCA RATON, FL 33428 TREA	Trust Fund Contri	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	/CHANGES TO OFF		e 🔲 Addition		
TÎLE NAME STRIET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND I PRES MARK, ROBERT G 9310 SW 61 WAY, #A BOCA RATON, FL 33428 TREA MARK, LINDA G 9310 SW 61 WAY, #A	Trust Fund Contri	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	/CHANGES TO OFF	Chang	e 🔲 Addition		
After Ma	OFFICERS AND I PRES MARK, ROBERT G 9310 SW 61 WAY, #A BOCA RATON, FL 33428 TREA MARK, LINDA G	Trust Fund Contri	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	/CHANGES TO OFF	☐ Chang	e Addition		
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12. I hereby certify that the information supplied with this filling 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: 1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date David

Daytime Phone #