

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101966

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SYNERGY REHAB TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1404B HAMLIN AVENUE  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

1404B HAMLIN AVENUE  
ST. CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 20-0320284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARATTIERO, PAUL A  
1404B HAMLIN AVE.  
SAINT CLOUD, FL 34771 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BARATTIERO, PAUL A  
Address: 1404B HAMLIN AVE.  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP ( ) Delete  
Name: SHANTZ, LAURA  
Address: 110 BURNSIDE WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: SEC ( ) Delete  
Name: BARATTIERO, JACQUELINE M  
Address: 1404B HAMLIN AVE.  
City-St-Zip: SAINT CLOUD, FL 34771

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL A. BARATTIERO

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date