

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101966

FILED
Apr 27, 2010
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:

1404B HAMLIN AVENUE
SUITE B
ST. CLOUD, FL 34771

Current Mailing Address:

1404B HAMLIN AVENUE
ST. CLOUD, FL 34771

New Mailing Address:

1404B HAMLIN AVENUE
SUITE B
ST. CLOUD, FL 34771

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL A. BARATTIERO

PRES

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date