

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 038 ***150.00

DOCUMENT # P03000113052

1. Entity Name
SYNERGY PHARMACY AND MEDICAL SUPPLIES, INC.



Principal Place of Business

**3831 SW 168 TERR.
MIRAMAR, FL 33027**

Mailing Address

**3831 SW 168 TERR.
MIRAMAR, FL 33027**

54021463

2. Principal Place of Business

1543 NW 119th St

3. Mailing Address

3831 SW 168th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212004

Chg-P

CR2E034 (10/03)

City & State

Miami FLORIDA

City & State

MIRAMAR FLORIDA

4. FEI Number

200303488

Applied For

Not Applicable

Zip

Country

33167

USA

Zip

Country

33027

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORDE, WILLIAM
3831 SW 168 TERR.
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FORDE, WILLIAM	
STREET ADDRESS	3831 SW 168 TERR.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORDE, ANDREA	
STREET ADDRESS	3831 SW 168 TERR.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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:

WILLIAM C. FORDE

03/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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