

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113052

FILED
Mar 24, 2005
Secretary of State

Entity Name: SYNERGY PHARMACY AND MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

1543 NW 119TH ST
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

3831 SW 1168TH TERRACE
HOLLYWOOD, FL 33027

New Mailing Address:

1543 NW 119TH ST
MIAMI, FL 33167

FEI Number: 20-0303488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FORDE, WILLIAM
1543 NW 119TH ST
MIAMI, FL 33167 US

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:

03/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORDE, WILLIAM
Address: 3831 SW 168 TERR.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: FORDE, ANDREA
Address: 3831 SW 168 TERR.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORDE, WILLIAM
Address: 1543NW 119TH ST
City-St-Zip: MIAMI, FL 33167

Title: D (X) Change () Addition
Name: FORDE, ANDREA
Address: 1543 NW 119TH ST
City-St-Zip: MIAMI, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREA FORDE

D

03/24/2005

Electronic Signature of Signing Officer or Director

Date