

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041079

Entity Name: SYNERGY MEDICAL CARE, INC.

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

106 COMMERCE STREET, SUITE 101
LAKE MARY, FL 327466217

New Principal Place of Business:

106 COMMERCE STREET
SUITE 101
LAKE MARY, FL 327466217

Current Mailing Address:

P.O. 952736
LAKE MARY, FL 327952736

New Mailing Address:

P.O. BOX 952439
LAKE MARY, FL 327952439

FEI Number: 20-8783600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENOVICH, JANE F
106 COMMERCE STREET, SUITE 101
LAKE MARY, FL 327466217 US

Name and Address of New Registered Agent:

KENOVICH, JANE F PRES
106 COMMERCE STREET
SUITE 101
LAKE MARY, FL 327466217 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: JANE KENOVICH

07/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KENOVICH, JANE F
Address: P.O. 952736
City-St-Zip: LAKE MARY, FL 327952736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: KENOVICH, JANE F PRES
Address: P.O. 952439
City-St-Zip: LAKE MARY, FL 327952439

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: JANE KENOVICH

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

Date