

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041079

Entity Name: SYNERGY MEDICAL CARE, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

106 COMMERCE STREET  
SUITE 101  
LAKE MARY, FL 327466217

## Current Mailing Address:

P.O. BOX 952439  
LAKE MARY, FL 327952439

## New Principal Place of Business:

106 COMMERCE STREET  
SUITE 101  
LAKE MARY, FL 327466217 US

## New Mailing Address:

P.O. BOX 952439  
LAKE MARY, FL 327952439 US

FEI Number: 20-8783600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KENOVICH, JANE F PRES/CE  
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

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## 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 US

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

04/17/2009

Electronic Signature of Signing Officer or Director

Date