

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000129623

**FILED**  
**May 29, 2014**  
**Secretary of State**

**Entity Name:** SYNERGY SURGICAL SOLUTIONS INC

**Current Principal Place of Business:**

3034 NW 61ST ST  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

24023 SUNSET SKY  
KATY, TX 77494 US

**Current Mailing Address:**

3034 NW 61ST ST  
BOCA RATON, FL 33496 US

**New Mailing Address:**

24023 SUNSET SKY  
KATY, TX 77494 US

**FEI Number:** 26-1521715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MINDICK, RUSSELL  
3034 NW 61ST ST  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

PEREIRA, ALEJANDRO J  
13370 SW 91 TERRACE  
UNIT B  
MIAMI, FL 33186 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: ALEJANDRO PEREIRA

05/29/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGRM  
Name: GARCIA, ELVIS  
Address: 24023 SUNSET SKY  
City-St-Zip: KATY, TX 77494 US

Title: MGRM  
Name: BILSKI, CARRIE  
Address: 24023 SUNSET SKY  
City-St-Zip: KATY, TX 77494 US

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: CARRIE BILSKI

MGRM

05/29/2014

Electronic Signature of Signing Officer or Director

Date