

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27117 (1)

1. Corporation Name

HEALTHCARE SYNERGIES, INC.



Principal Place of Business

Mailing Address

2165 W PARK CT STE A
STONE MOUNTAIN GA 30087

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STONE MOUNTAIN GA 30087

3. Date Incorporated or Qualified
12/04/1989

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

58-1840504

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SPARKS, JOE A.
815 ROYALWOOD LANE
OVIEDO 32765

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
PD
SPARKS, JOE A.
815 ROYALWOOD LANE
OVIEDO FL

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

NAME
VD
AXMANN, JOE R.
2166 JONQUIL DR.
LILBURN GA

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

NAME
TD
AXMANN, MARY
2166 JONQUIL DR.
LILBURN GA

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

NAME
SD
SPARKS, CAROL
815 ROYALWOOD LANE
OVIEDO FL

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Axmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 770-498-0545

Date

Daytime Phone #

CR2E034 (12/95)