

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27117

1. Entity Name

HEALTHCARE SYNERGIES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90128 037 ***150.00

Principal Place of Business 2165 W PARK CT STE A STONE MOUNTAIN GA 30087	Mailing Address 2165 W PARK CT STE A STONE MOUNTAIN GA 30087-3548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 58-1840504	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPARKS, JOE A. 815 ROYALWOOD LANE OVIEDO 32765		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPARKS, JOE A. 815 ROYALWOOD LANE OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AXMANN, JOE R. 2166 JONQUIL DR. LILBURN GA 30047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AXMANN, MARY 2166 JONQUIL DR. LILBURN GA 30047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Axmann 1/18/2000 770-498-054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #