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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003933 (5)

1. Corporation Name

SYNERGY MEDICAL LEASING, INC.

Principal Place of Business

11708 CASEY RD
TAMPA FL 33614

Mailing Address

11708 CASEY RD
TAMPA FL 33614



3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUETES, LAWRENCE E
11708 CASEY RD
TAMPA FL 33614

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 type 1 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

TITLE

D

DELETE

NAME

SPICOLA, JOSEPH A

STREET ADDRESS

11708 CASEY RD

CITY-STATE-ZIP

TAMPA FL 33614

TITLE

D

DELETE

NAME

FLOWERS, RICHARD

STREET ADDRESS

8703 RIVER FOREST

CITY-STATE-ZIP

TAMPA FL 33604

TITLE

D

DELETE

NAME

FLOWERS, DONNA

STREET ADDRESS

8703 RIVER FOREST

CITY-STATE-ZIP

TAMPA FL 33604

TITLE

D

DELETE

NAME

CYNTHIA D. SPICOLA

STREET ADDRESS

11708 CASEY ROAD

CITY-STATE-ZIP

TAMPA FL 33624

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

D

FLOWERS, DANIEL R

8703 RIVER FOREST Circle

TAMPA FL 33604

D

CYNTHIA D. SPICOLA

11708 CASEY ROAD

TAMPA FL 33624

ZIP CODE 33624

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:

Donna G. Flowers DONNA G. FLOWERS

1-17-96

813-874-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)