

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000054730**

1. Entity Name  
**SYZYGY HEALTH SOLUTIONS, INC.**



Principal Place of Business  
**307 25TH AVE N  
SAINT PETERSBURG, FL 33704**

Mailing Address  
**307 25TH AVE N  
SAINT PETERSBURG, FL 33704**



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3327293**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SCHIFINO, WILLIAM J  
WILLIAM SCHIFINO  
201 N. FRANKLIN STREET, SUITE 2600  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
HENSBERY, ROBERT E  
307 25TH AVE N  
SAINT PETERSBURG, FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
BISHOP, DONALD R  
307 25TH AVE N  
SAINT PETERSBURG, FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ZUCCARILLI, ROCCO  
1930 ADAMS STREET  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000455396  
03/15/06-80056-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]* **E.E.O.** 3/1/06