

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000061638

FILED  
Apr 09, 2002 8:00 AM  
Secretary of State

**Entity Name:** SYNERGY MEDICAL COMMUNICATIONS, INC.

**Current Principal Place of Business:**

8615 VIVAN BASS WAY  
ODESSA, FL 33556 US

**New Principal Place of Business:**

1323 W FLETCHER AVE  
TAMPA, FL 33612 US

**Current Mailing Address:**

8615 VIVAN BASS WAY  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 59-3391754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGBEE, R. ALAN  
501 E KENNEDY BLVD #1700  
TAMPA, FL 33602 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: COHEN, ROBIN J  
Address: 8615 VIVIAN BASS WAY  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARY M COHEN

PSTD

04/09/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date