

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061638

FILED
Jun 02, 2006
Secretary of State

Entity Name: SYNERGY MEDICAL COMMUNICATIONS, INC.

Current Principal Place of Business:

7851 WOODLAND CORP BLVD
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

9504 EDDINGS ROAD
ODESSA, FL 33556 US

New Mailing Address:

8615 VIVIAN BASS WAY
ODESSA, FL 33556 US

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

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

Title: V () Delete
Name: COHEN, GARY M
Address: 8615 VIVIAN BASS WAY
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: COHEN, GARY M
Address: 8615 VIVIAN BASS WAY
City-St-Zip: TAMPA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

V

06/02/2006

Electronic Signature of Signing Officer or Director

Date