

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90058 040 ***150.00

DOCUMENT # P97000066479

1. Corporation Name

HEALTH SYNERGIES, INC.

Principal Place of Business

8249 NE 36 ST
STE 105
MIAMI FL 33166
US

Mailing Address

8249 NW 36 ST
STE 105
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

65-0772340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTIERI, LUISA F
14245 SW 111 LANE
MIAMI FL 33186-7024

81 Name

Carpentieri, Luisa F.

82 Street Address (P.O. Box Number is Not Acceptable)

17200 SW 155 Court

83

84 City

Miami

FL

85 Zip Code
33187

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME CARPENTIERI, LUISA F
STREET ADDRESS 14245 SW 111 LANE
CITY-ST-ZIP MIAMI FL 33186

TITLE VSD
NAME MONGEOTTI, ANGEL
STREET ADDRESS 18720 NW 48 PLACE
CITY-ST-ZIP MIAMI FL 33055

TITLE TD
NAME CARDOSO, SUSAN C
STREET ADDRESS 17245 SW 111 LANE
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☒ Addition

1.1 TITLE PD
1.2 NAME Carpentieri, Luisa F.
1.3 STREET ADDRESS 17200 SW 155 Court
1.4 CITY-ST-ZIP Miami, FL 33187-1359

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD
3.2 NAME Cardoso, Susan C
3.3 STREET ADDRESS 17200 SW 155 Court
3.4 CITY-ST-ZIP Miami, FL 33187-1359

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Luisa F. Carpentieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

305-4709080

Date

Daytime Phone #

CR2E034 (11/98)