

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-30-2004 90012 025 ***150.00

DOCUMENT # P97000085958

1. Entity Name

SYNERGY MEDICAL GROUP, INC.

N/C



Principal Place of Business

119 OAKFIELD DRIVE
BRANDON FL 33511

Mailing Address

119 OAKFIELD DRIVE
BRANDON FL 33511

66432137



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480742

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUSSBAUM, CHRIS M
4132 MORELAND DRIVE
VALRICO FL 33594-6634

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME NUSSBAUM, CHRIS M
STREET ADDRESS 1004 MORFIELD DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 66432137
#P97-000085958

SYNERGY MEDICAL GROUP

119 Oakfield Drive
Brandon, FL 33511
(813) 386-9888 - service
(813) 571-5373 - office
(813) 571-5168 - fax

Chris M. Nussbaum, MD
Cecil Sue-Wah-Sing, MD
Rose Laurence, MD
James Brown, PA-C

Jocelyn Bueno, MD
Yeshitila Agzew, MD
Dave Fidler, ARNP-C
Alex Hernandez, PA

VIA: CERTIFIED MAIL

July 27, 2004

Divisions of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

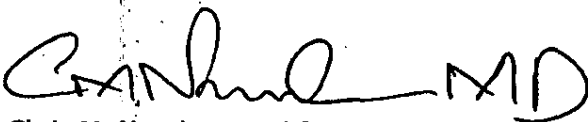
To Whom It May Concern:

I did not receive the invoice for annual fees that should have been sent to me in January.

I have enclosed payment in the amount of \$150.00 for the yearly fees payment. Please accept this as complete payment. If there are any questions or if this is not acceptable, please contact me at your earliest convenience.

We appreciate your consideration in this matter.

Thank you.



Chris M. Nussbaum, M.D.
CEO/Medical Director
Synergy Medical Group