2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 797000045736 Sep 07, 2000 8:00 am Synergy Center of Brevard, Inc: Secretary of State 09-07-2000 90004 025 \*\*\*150.00 Principal Place of Business Mailing Address 215 Lucas Rd. 215 Lucas Rd. Merritt Island, 7L Merritt Island, 7L 32953 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-34 9*3*964 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Donat, Kathryn S. 2360 Jason Street Street Address (P.O. Box Number is Not Acceptable) Merritt Island, 7L 32953 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00, May. Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete ■ Addition Donat, Katheyn S. 2360 Jason Street Merritt Island, 7L 32953 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete Donat Scott G. 2360 Jason Street Merritt Island, 7L 32953 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

attachment doc # P 97000095736 B0105126

August 23, 2000

Annual Report Filings Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Division of Corporations:

Enclosed is our 2000 Profit Corporation Annual Report and a check in the amount of \$150.00.

I am afraid that our report is being filed late and I was told that perhaps that you would forgive the late filing fee. I am a very small business and the late fee would be a heavy burden financially.

Thank you for your consideration.

Sincerely,

Kathryn S. Donat

President

Enclosures