

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097726

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: SYNERGY HEALTHCARE PRODUCTS, INC.

## Current Principal Place of Business:

10588 ST. THOMAS DR.  
BOCA RATON, FL 33498

## New Principal Place of Business:

## Current Mailing Address:

10588 ST. THOMAS DR.  
BOCA RATON, FL 33498

## New Mailing Address:

FEI Number: 65-0878654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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 (X) Delete  
Name: NOETH, MARK A  
Address: 9858 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33434

Title: VP (X) Delete  
Name: NOETH, LORI H  
Address: 10588 ST THOMAS DR  
City-St-Zip: BOCA RATON, FL 33498

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PSTD ( ) Change (X) Addition  
Name: NOETH, LORI  
Address: 10588 ST THOMAS DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Change (X) Addition  
Name: NOETH, LORI  
Address: 10588 ST THOMAS DRIVE  
City-St-Zip: BOCA RATON, FL 33498

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: LORI H NOETH

PSTD

01/08/2006

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

\_\_\_\_\_  
Date