2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035892

1. Entity Name

CUSHING, ROBERT B

SUITE 400 HIALEAH FL 33012

900 WEST 49TH STREET

indicated on this report or supplementally of the corporation or the receiver or trustee changed, or on an attachment with an add

MONATURE AND TYPE

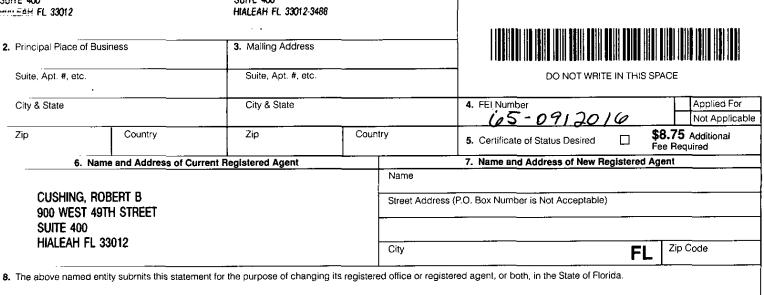
SIGNATURE:

SYNERGISTIC HEALTH SYSTEN	AS, INC.					
Principal Place of Business	Mailing Address					
000 WEST 49TH STREET SUITE 400 em.EdH FL 33012	900 WEST 49TH STREET SUITE 400 HIALEAH FL 33012-3488					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
Zip Country	Zip	Country				

6. Name and Address of Current Registered Agent

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90130 007 ***150.00



Signature, special printed ratio a registrate again and management of the European State of S											
Tax filing r	oration.is eligible to satisfy.its Intar equirement and elects to do so. ia on back)	ngible _	After MAY 1, 2000 Make Check Payable	Fee will be \$5	50.00	10: Election Campaign Trust Fund Contribu	~ .		O May Be to Fees		
11. OFFICERS AND DIRECTORS			12.	ADI	DITIONS/CHANGES TO O	FFICERS AN	DIRECTORS	S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSHING, ROBERT B 900 WEST 49TH STREET S HIALEAH FL 33012	UITE 400	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY_ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY 81-21P				☐ Change	☐ Addition		
13. 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 supplied entanglement of the corporation or the readiver or trustee empowered to execute this report as required by Phapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if											

Name