

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095756

Entity Name: SYNERGY REHAB, INC.

FILED  
Mar 29, 2009  
Secretary of State

## Current Principal Place of Business:

160 BAYBERRY CIRCLE  
JUPITER, FL 33458

## New Principal Place of Business:

## Current Mailing Address:

160 BAYBERRY CIR.  
JUPITER, FL 33458

## New Mailing Address:

160 BAYBERRY CIRCLE  
JUPITER, FL 33458

FEI Number: 65-0976467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOPES, BALTAZAR  
160 BAYBERRY CIRCLE  
JUPITER, FL 33477 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: P ( ) Delete  
Name: LOPES, BALTAZAR  
Address: 160 BAYBERRY CIR  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: GONZATTO, SONIA  
Address: 160 BAYBERRY CIR  
City-St-Zip: JUPITER, FL 33458

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BALTAZAR LOPES

P

03/29/2009

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

\_\_\_\_\_  
Date