

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079935

Entity Name: SOMATIC SYNERGY, INC.

Current Principal Place of Business:

4591 LAKESIDE DRIVE,
SUITE 103
JACKSONVILLE, FL 32210

Current Mailing Address:

4591 LAKESIDE DRIVE,
SUITE 103
JACKSONVILLE, FL 32210 US

FEI Number: 59-3669237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, LYNN
3845 OAK STREET
JACKSONVILLE, FL 32205 US

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

Officer/Director Detail :

Title D
Name PETERSON, LYNN
Address 3845 OAK STREET
City-State-Zip: JACKSONVILLE FL 32205

I hereby 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 all other like empowered.

SIGNATURE: LYNN PETERSON

PRESIDENT

03/03/2018

Electronic Signature of Signing Officer/Director Detail

Date