

**2025 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**

**02/25/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date