## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044996

Entity Name: SYNERGY HEALTH NORTH AMERICA, INC.

FILED Apr 14, 2017 Secretary of State CC4882982690

## **Current Principal Place of Business:**

401 E JACKSON STREET SUITE 3100 TAMPA, FL 33602

# **Current Mailing Address:**

401 E JACKSON STREET SUITE 3100 TAMPA, FL 33602 US

FEI Number: 59-3252632 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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:

**SUITE 3100** 

Title PRESIDENT, SECRETARY Title CFO

Name TOKICH, MIKE Name GARAFANI, MIKE

Address 401 E JACKSON STREET Address 401 E JACKSON STREET

SUITE 3100

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title DIRECTOR, VP Title VP

Name QUICK, GREGG Name MCLEAN, ANDREW

Address 401 E JACKSON STREET Address 401 E JACKSON STREET

SUITE 3100 SUITE 3100

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

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.