**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 21, 2017**
**Secretary of State**
**CC3829091753**

DOCUMENT# L11000101007

**Entity Name:** SYNERGETIC HEALTH AND HEALING CENTER, LLC

**Current Principal Place of Business:**

4637 VINCENNES BLVD
SUITE #4
CAPE CORAL, FL 33904

**Current Mailing Address:**

4637 VINCENNES BLVD
SUITE #4
CAPE CORAL, FL 33904 US

**FEI Number: 45-3062585**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANTAR, BILL CPA
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC
3306 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904 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

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGRM | Title | AUTHORIZED MEMBER |
| Name | PAPP, DAWN M | Name | PAPP, MICHAEL P |
| Address | 2303 NW 9TH TER | Address | 2303 NW 9TH TER |
| City-State-Zip: | CAPE CORAL FL 33993 | City-State-Zip: | CAPE CORAL FL 33993 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DAWN PAPP MANAGER/OWNER 03/21/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date