2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2014
Secretary of State
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Entity Name: ADVANTAGE HEALTHCARE SYNERGY LLC

Current Principal Place of Business:

3503 SE CHARING CROSS LANE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

3503 SE CHARING CROSS LANE
PORT ST. LUCIE, FL 34952

FEI Number: 46-3278408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYES, ARIOSTO B JR.
3503 SE CHARING CROSS LANE
PORT ST. LUCIE, FL 34952 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	MGRM
Name	REYES, ARIOSTO B JR.	Name	REYES, MIGUEL
Address	3503 SE CHARING CROSS LANE	Address	2521 SE SNAPPER ST.
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MGRM
Name	SALVACION, GERARDO
Address	1651 W PRATT BLVD., UNIT AG
City-State-Zip:	CHICAGO IL 60626

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: ARIOSTO REYES JR MANAGER 04/14/2014

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