2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
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Entity Name: SYNERGY WELLNESS AND REHAB, PLLC

Current Principal Place of Business:

601 ILLINOIS AVENUE
LYNN HAVEN, FL 32444

Current Mailing Address:

601 ILLINOIS AVENUE
LYNN HAVEN, FL 32444 US

FEI Number: 47-1683053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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	AMBR
Name	HENNAGE, TRACY A
Address	601 ILLINOIS AVENUE
City-State-Zip:	LYNN HAVEN FL 32444

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: TRACY A. HENNAGE MEMBER 04/30/2015

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