

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000106702

Entity Name: SYNERGY REHAB AND WELLNESS LLC

Current Principal Place of Business:

3632 PINE OAK CIRCLE
101
FORT MYERS, FL 33916

Current Mailing Address:

3632 PINE OAK CIRCLE
101
FORT MYERS, FL 33916 US

FEI Number: 82-1554303

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERSIA, SUSAN M
3632 PINE OAK CIRCLE
101
FORT MYERS, FL 33916 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 MGR
Name PERSIA, SUSAN M
Address 3632 PINE OAK CIRCLE 101
City-State-Zip: FORT MYERS FL 33916

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: SUSAN M PERSIA

MGR

01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date