

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000420663

**Entity Name:** SYNAPSESMD LLC

**Current Principal Place of Business:**

104 WATCHUNG FORK  
WESTFIELD, NJ 07090

**Current Mailing Address:**

104 WATCHUNG FORK  
WESTFIELD, NJ 07090 US

**FEI Number:** 87-2828687

**Certificate of Status Desired:** No

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

INTERSTATE AGENT SERVICES LLC  
100 SE 2ND ST STE 2000 #209  
MIAMI, FL 33131 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 CHACKO-VARKEY, SUNEETA  
Address 155 VILLAGE BLVD STE 310  
City-State-Zip: PRINCETON NJ 08540

*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:** SUNEETA CHACKO-VARKEY

**OFFICER**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date