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TALLAHASSEE, FLORIDA

MRS  
6/21

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Synergy Care, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Todd R. Broussard

(Name of Person)

Synergy Care, Inc.

(Firm/Company)

One Lakeshore Dr., Ste. 1900

(Address)

Lake Charles, LA 70629

(City/State and Zip code)

For further information concerning this matter, please call:

Todd R. Broussard

(Name of Person)

at ( 337 ) 439-6600

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Synergy Care, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana

(State or country under the law of which it is incorporated)

3. 72-1448530

(FEI number, if applicable)

4. July 1, 1999

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

(Principal office address)

One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

(Current mailing address)

8. Therapy Rehabilitation

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andrea Billen

Office Address: 3421 NW 71st St.

Coconut Creek, Florida 33073-4807

(City)

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Andrea Billen

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Kendall A. Broussard  
Address: One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Elizabeth J. Broussard  
Address: One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

Director: Reuben P. Broussard  
Address: One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

**B. OFFICERS**

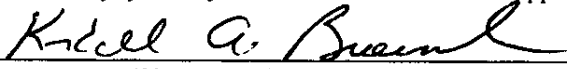
President: Kendall A. Broussard  
Address: One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

Vice President: Elizabeth J. Broussard  
Address: One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

Secretary: Elizabeth J. Broussard  
Address: One Lakeshore Dr., Ste. 1900 Lake Charles, LA 70629

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Kendall A. Broussard, President, Director  
(Typed or printed name and capacity of person signing application)

United States of America  
State of Louisiana

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



As Secretary of State, Al Ater, I do hereby Certify that

**SYNERGY CARE, INC.**

A corporation domiciled in LAKE CHARLES, LOUISIANA,

Filed charter and qualified to do business in this State on  
July 1, 1999,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

In testimony whereof, I have hereunto set  
My hand and caused the Seal of my Office  
To be affixed at the City of Baton Rouge on,  
June 15, 2006

Secretary of State  
34809873D



Certificate ID: 20060615005034

To validate this certificate, visit the following web site,  
go to **Commercial Division, Validate Certificate**, then  
follow the instructions displayed.

[www.sos.louisiana.gov](http://www.sos.louisiana.gov)