

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004275

**Entity Name:** SYNERGY CARE, INC.

**Current Principal Place of Business:**

127 W BROAD STREET  
SUITE 850  
LAKE CHARLES, LA 70601

**Current Mailing Address:**

127 W BROAD STREET  
SUITE 850  
LAKE CHARLES, LA 70601 US

**FEI Number:** 72-1448530

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROUSSARD, KENDALL A  
Address        127 W BROAD STREET  
                  SUITE 850  
City-State-Zip: LAKE CHARLES LA 70601

Title            VP  
Name            BROUSSARD, ELIZABETH J  
Address        127 W BROAD STREET  
                  SUITE 850  
City-State-Zip: LAKE CHARLES LA 70601

Title            DIRECTOR  
Name            BROUSSARD, REUBEN P  
Address        127 W BROAD STREET  
                  SUITE 850  
City-State-Zip: LAKE CHARLES LA 70601

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENDALL A. BROUSSARD

**PRESIDENT**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date