

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004275

Entity Name: SYNERGY CARE, INC.

FILED
Nov 29, 2007
Secretary of State

Current Principal Place of Business:

ONE LAKESHORE DR
STE 1900
LAKE CHARLES, LA 70629

New Principal Place of Business:

Current Mailing Address:

ONE LAKESHORE DR
STE 1900
LAKE CHARLES, LA 70629

New Mailing Address:

FEI Number: 72-1448530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLEN, ANDREA
3421 NW 71ST ST
COCONUT CREEK, FL 330734807 US

Name and Address of New Registered Agent:

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: ANDREA BILLEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BROUSSARD, KENDALL A
Address: ONE LAKESHORE DR., STE 1900
City-St-Zip: LAKE CHARLES, LA 70629

Title: VPSD () Delete
Name: BROUSSARD, ELIZABETH J
Address: ONE LAKESHORE DR., STE 1900
City-St-Zip: LAKE CHARLES, LA 70629

Title: D () Delete
Name: BROUSSARD, REUBEN P
Address: ONE LAKESHORE DR., STE 1900
City-St-Zip: LAKE CHARLES, LA 70629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENDALL A. BROUSSARD

PRES

11/29/2007

Electronic Signature of Signing Officer or Director

Date