

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002884

**Entity Name:** SYNERGY LIFESTYLE FOUNDATION FOR HEALTH, INC

**Current Principal Place of Business:**

5737 BARNHILL DR.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5737 BARNHILL DR.  
JACKSONVILLE, FL 32207 US

**FEI Number: 87-3061075**

**Certificate of Status Desired: No**

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

HALL, CRYSTAL  
5737 BARNHILL DR.  
JACKSONVILLE, FL 32207 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 P/D  
Name PATEL, SALIL  
Address 5737 BARNHILL DR.  
City-State-Zip: JACKSONVILLE FL 32207

Title S/D  
Name CORBIN-MCDANIEL, MARSHA  
Address 5737 BARNHILL DR.  
City-State-Zip: JACKSONVILLE FL 32207

Title T/D  
Name HALL, CRYSTAL  
Address 5737 BARNHILL DR.  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name PATEL, NEHU  
Address 5737 BARNHILL DR.  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name GRANT, JESSICA  
Address 5737 BARNHILL DR.  
City-State-Zip: JACKSONVILLE FL 32207

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARSHA CORBIN-MCDANIEL**

**S/D**

**03/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date