



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000487255

2. Name of Corporation Synergistic Healthcare Solutions Inc.

3. Street Address Principal Business Office:

No. and Street: 1800 JFK BOULEVARD, 20TH FLOOR

City or Town: PHILADELPHIA

State: PA Zip: 19103 Country: USA

4. Business Phone No.

609-788-8025

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

SALE OF HEALTHCARE INSURANCE PRODUCTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN DANVELO	505 WEST HAMILTON AVENUE, SUITE 105 LINWOOD, NJ 08221 USA
TREASURER	ROBERT ORR	1006 WEST NINTH AVENUE, 2ND FLOOR KING OF PRUSSIA, PA 19406 USA
VICE PRESIDENT	STEVEN SARNO	1006 WEST NINTH AVENUE, 2ND FLOOR KING OF PRUSSIA, PA 19406 USA
CHAIRMAN	MATTHEW J COMISKY	1000 CENTENNIAL ROAD PENN VALLEY, PA 19072 USA
DIRECTOR	MAXINE L. COMISKY	1000 CENTENNIAL ROAD PENN VALLEY, PA 19072 USA
DIRECTOR	JILL FRANKEL	606 FAIRVIEW ROAD PENN VALLEY, PA 19072 USA
DIRECTOR	JOSEPH L. YOUNGBLOOD III	1201 NEW ROAD, SUITE 230 LINWOOD, NJ 08221 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000,000.00	100000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 18 Day of March, 2009 at 5:53:19 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MATTHEW J. COMISKY
Signature of Authorized Representative of the Corporation

CHAIRMAN
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07
