

Case # 25-05053

B2500A (Form 2500A) (12/15)

CERTIFICATE OF SERVICE

I, Euclide Julien (name), certify that service of this summons and a copy of the complaint was made on 03-10-25 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:

Synergy Healthcare Services. Atlanta,
1040 Crown Pointe Parkway Suite 600. CA 30338.

Residence Service: By leaving the process with the following adult at:

Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:

Publication: The defendant was served as follows: [Describe briefly]

State Law: The defendant was served pursuant to the laws of the State of _____ as follows: [Describe briefly]

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA
2025 MAR 10 PM 12:11
VANIA S. ALLEN
CLERK
BY: Kisha Case
DEPUTY CLERK

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date 03-10-25

Signature Euclide Julien

Print Name:

Euclide Julien

Business Address:

6421 N. Florida Avenue
Tampa, FL 33604



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