

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 Box(es) that Apply:

Full Name (Last name first, if individual)
 King, Stephen E.

Business or Residence Address (Number and Street, City, State, Zip Code)
 Rose Tree Corporate Center, 1400 N. Providence Road, Bldg. 2, Suite 6010, Media, PA 19063

Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 Box(es) that Apply:

Full Name (Last name first, if individual)
 Harrison, David J.

Business or Residence Address (Number and Street, City, State, Zip Code)
 Rose Tree Corporate Center, 1400 N. Providence Road, Bldg. 2, Suite 6010, Media, PA 19063

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 that Apply:

Full Name (Last name first, if individual)
 Pelesh, Jeffrey

Business or Residence Address (Number and Street, City, State, Zip Code)
 939 Lincoln Avenue, Springfield, PA 19064

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 that Apply:

Full Name (Last name first, if individual)
 Weiss, Eric

Business or Residence Address (Number and Street, City, State, Zip Code)
 3523 Runnymede Drive, Newtown Square, PA 19073

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 that Apply:

Full Name (Last name first, if individual)
 Ferroni, Joseph

Business or Residence Address (Number and Street, City, State, Zip Code)
 2 Stone Creek Lane, Bryn Mawr, PA 19010

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 that Apply:

Full Name (Last name first, if individual)
 Campbell, Pat

Business or Residence Address (Number and Street, City, State, Zip Code)
 4880 Gloucester Drive, Doylestown, PA 18901

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 that Apply:

Full Name (Last name first, if individual)
 Oceana Partners LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
 275 Seventh Avenue, Suite 2000, New York, NY 10001

Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 that Apply:

Full Name (Last name first, if individual)
 G.M. Capital Partners, Ltd.

Business or Residence Address (Number and Street, City, State, Zip Code)
 19 Usterstrasse, CH-8023 Zurich

Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
391566 B.C. Ltd.

Business or Residence Address (Number and Street, City, State, Zip Code)
2755 Lougheed Highway, PT Coquitlam, British Columbia V3B 5Y9 Canada

. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes ___ No X
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? N/A
3. Does the offering permit joint ownership of a single unit?..... Yes X No ___
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the “adjusted gross proceeds to the issuer”..... *

*

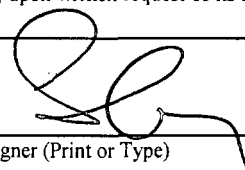
* The Issuer’s shares of Common Stock are being issued pursuant to the merger of Synova Healthcare, Inc. with a subsidiary of the Issuer. Shareholders of Synova Healthcare, Inc. at the time of the merger received Common Stock of the Issuer when their shares of Synova Healthcare, Inc. were cancelled. No dollar amount has been paid by the shareholders in connection with the merger and no proceeds were realized by the Issuer.

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.

	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Purchase of real estate	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Repayment of indebtedness	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Working capital and General Corporate Purposes	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Other (specify): <u>Sales, marketing, investor relations and public relations</u>	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
.....		
Column Totals	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00
Total Payments Listed (column totals added).....	<input type="checkbox"/> \$ 0.00	

D. FEDERAL SIGNATURE

The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Synova Healthcare Group, Inc.	Signature 	Date 02/24/2005
Name of Signer (Print or Type) Stephen E. King	Title of Signer (Print or Type) Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

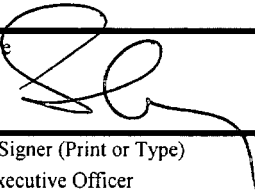
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Synova Healthcare Group, Inc.	Signature 	Date 02/24/2005
Name of Signer (Print or Type) Stephen E. King	Title of Signer (Print or Type) Chief Executive Officer	

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Appendix

1 State	2 Intend to sell to non-accredited investors in State (Part B - Item 1)		3 Type of security and aggregate offering price offered in state (Part C - Item 1)	4 Type of investor and amount purchased in state (Part C - Item 2)**				5 Disqualification under state ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No		Common Stock	Number of Accredited investors	Amount	Number of Non-accredited Investors	Amount	Yes
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE		X	\$*	2	*	0	\$0.00		
DC									X
FL									
GA		X	\$*	1	*	0	\$0.00		X
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		X	*	1	*	0	\$0.00		Z
MA		X	*	1	*	0	\$0.00		X
MI									
MN									
MS									
MO									
MT									
NE									

1 State	2 Intend to sell to non-accredited investors in State ((Part B – Item 1)		3 Type of security and aggregate offering price offered in state (Part C – Item 1)	4 Type of investor and amount purchased in state (Part C – Item 2)**			5 Disqualification under state ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)			
	Yes	No		Common Stock	Number of Accredited investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
NV										
NH										
NJ		X	*	5	*	0	\$0.00			X
NM										
NY		X	*	1	*	0	\$0.00			X
NC										
ND										
OH		X	*	1	*	0	\$0.00			X
OK										
OR										
PA		X	*	66	*	0	\$0.00			X
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										
WY										
PR										

* The Issuer's shares of Common Stock are being issued pursuant to the merger of Synova Healthcare, Inc. with a subsidiary of the Issuer. Shareholders of Synova Healthcare, Inc. at the time of the merger received Common Stock of the Issuer when their shares of Synova Healthcare, Inc. were cancelled. No dollar amount has been paid by the shareholders in connection with the merger and no proceeds were realized by the Issuer.

13 shareholders of Synova Healthcare, Inc. reside in Canada and are not represented above.