

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007384

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: HEALTH SOLUTIONS MEDICAL SUPPLIES INC.

## Current Principal Place of Business:

175 FOUNTAINEBLEAU BLVD.  
STE. 1-P  
MIAMI, FL 33172

## New Principal Place of Business:

2055 SW 122 AVE  
111  
MIAMI, FL 33175

## Current Mailing Address:

175 FOUNTAINEBLEAU BLVD.  
STE. 1-P  
MIAMI, FL 33172

## New Mailing Address:

2055 SW 122 AVE  
111  
MIAMI, FL 33175

FEI Number: 20-0586197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRIETO, VLADIMIR  
2055 S.W. 122 AVE., #111  
MIAMI, FL 33175 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRIETO, VLADIMIR  
Address: 2055 SW 122 AVE. #111  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: PRIETO, VLADIMIR  
Address: 2055 SW 122 AVE. #111  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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: VLADIMIR PRIETO

P/D

04/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date