

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050053

**Entity Name:** KELLY'S HEALTH SOLUTIONS, INC.**Current Principal Place of Business:**17852 NW 15TH CT  
PEMBROKE PINES, FL 33029**Current Mailing Address:**17852 NW 15TH CT  
PEMBROKE PINES, FL 33029**FEI Number:** 45-2431685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAYEGH, REINALDO  
17852 NW 15TH CT  
PEMBROKE PINES, FL 33029 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  
Name HURTADO, PILAR  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name HURTADO, KELLY  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER  
Name SAYEGH, NICO  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER  
Name SAYEGH, CURLY  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title SECRETARY  
Name SAYEGH, REINALDO  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER  
Name SAYEGH, MAYA  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER  
Name SAYEGH, GIO  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER  
Name SAYEGH, VALENTIN  
Address 17852 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

**Continues on page 2**

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

**SIGNATURE:** REINALDO SAYEGH**SECRETARY****01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	MANAGER
Name	SAYEGH, TOTTI
Address	17852 NW 15TH CT
City-State-Zip:	PEMBROKE PINES FL 33029