

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000092568

**Entity Name:** HEALTH SOLUTIONS ONE INC

**Current Principal Place of Business:**

4300 N UNIVERSITY DR  
E207  
FORT LAUDERDALE, FL 33351

**Current Mailing Address:**

4300 N UNIVERSITY DR  
E207  
FORTLAUDERDALE, FL 33351 US

**FEI Number:** 47-2335397

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CALLEJAS, MARIO A JR  
2681 N FLAMINGO RD  
S1203  
SUNRISE, FL 33323 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:** MARIO CALLEJAS

01/25/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	P
Name	CHARLES, JOCELYN	Name	CALLEJAS, MARIO
Address	2681 N FLAMINGO RD S507	Address	2681 N FLAMINGO RD S1203
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** CALLEJAS, MARIO

P

01/25/2017

Electronic Signature of Signing Officer/Director Detail

Date