

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000094226

Entity Name: SOLIS HEALTH PLANS, INC.

Current Principal Place of Business:

325 W COLLEGE AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 11247
TALLAHASSEE, FL 32302-1247 US

FEI Number: 81-0726576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
325 W COLLEGE AVE
TALLAHASSEE, FL 32301 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 PD
Name COOK, DOUG
Address 325 W COLLEGE AVE
City-State-Zip: TALLAHASSEE FL 32301

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: DOUG COOK

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date