

**2017 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**

**02/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date