

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000094226

Entity Name: SOLIS HEALTH PLANS, INC.**Current Principal Place of Business:**9250 NW 36TH STREET
SUITE 400
DORAL, FL 33178**Current Mailing Address:**9250 NW 36TH STREET
SUITE 400
DORAL, FL 33178 US**FEI Number:** 81-0726576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEENAN, TIMOTHY J
300 S DUVAL STREET
STE 410
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	CFO
Name	DE CARDENAS, JUAN
Address	9250 NW 36TH STREET
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	ECHAVARRIA, DANIEL
Address	3444 MAIN HIGHWAY 2ND FLOOR
City-State-Zip:	MIAMI FL 33133

Title	DCOO, P
Name	HERNANDEZ, DANIEL
Address	7194 SW 47TH STREET
City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	STROUD, ROBERT
Address	2 N. TAMiami TRAIL
City-State-Zip:	SARASOTA FL 34239

Title	DIRECTOR
Name	WOLF, MACE
Address	14220 N. HONEYBEE TRAIL
City-State-Zip:	ORO VALLEY AZ 85755

Title	DIRECTOR
Name	SMITH, SCOTT
Address	1655 SOUTH DRIVE
City-State-Zip:	SARASOTA FL 34239

Title	DIRECTOR
Name	VILLOLDO, RAFAEL
Address	6990 NW 25TH STREET
City-State-Zip:	MIAMI FL 33122

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: JUAN DE CARDENAS

CFO

05/06/2019

Electronic Signature of Signing Officer/Director Detail_____
Date