

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000094226

Entity Name: SOLIS HEALTH PLANS, INC.

FILED
May 06, 2019
Secretary of State
8226879396CC

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