

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000051218

**Entity Name:** 360 HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

10170 SW 75 PLACE  
MIAMI, FL 33156

**Current Mailing Address:**

10170 SW 75 PLACE  
MIAMI, FL 33156

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PASCUAL, AMARYLLIS  
10170 SW 75 PLACE  
MIAMI, FL 33156 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            P  
Name            PASCUAL, AMARYLLIS  
Address        10170 SW 75 PLACE  
City-State-Zip: MIAMI FL 33156

*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:** AMARYLLIS PASCUAL

P

05/01/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date