

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000030651

**Entity Name:** SOLIS HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

9250 NW 36TH ST STE 400  
DORAL, FL 33178

**Current Mailing Address:**

9250 NW 36TH ST STE 400  
DORAL, FL 33178 US

**FEI Number:** 32-0558350

**Certificate of Status Desired:** No

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

MEENAN, TIMOTHY J ESQ  
300 S DUVAL ST STE 410  
TALLAHASSEE, FL 32302 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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            VACANT  
Address        9250 NW 36TH ST STE 400  
City-State-Zip: DORAL FL 33178

Title            MANAGER  
Name            HERNANDEZ, DANIEL  
Address        9250 NW 36TH ST STE 400  
City-State-Zip: DORAL FL 33178

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN P DE CARDENAS

CFO

04/28/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date