

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # F95000001165

1. Entity Name
SOLIANT HEALTH, INC.



Principal Place of Business

**1979 LAKESIDE PKWY
STE 250
TUCKER, GA 30084 US**

Mailing Address

**ONE INDEPENDENT DR., 8TH FLOOR
JACKSONVILLE, FL 32202 US**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1970270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000325423

04/23/05-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
MONTI, PHILIP
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
TUTOR, TYRA
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEOD
PAYNE, TIMOTHY D
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTAT
ROBINSON, GERALD
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CROUCH, ROBERT
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLLAND, GREGORY D
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05
Date

904-360-2704
Daytime Phone #