

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90400 023 \*\*\*150.00

**DOCUMENT # F95000001165**

1. Entity Name  
**SOLIAN HEALTH, INC.**



Principal Place of Business  
**1979 LAKESIDEW PKWY  
STE 250  
TUCKER, GA 30084 US**

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

40073110



04252006 No Chg-P CR2E034 (11/05)

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

(904) 360-2704