

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000000828

Entity Name: HEALTH SOLUTIONS 2001, INC

**FILED**  
**Mar 10, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

6175 NW 153RD STREET  
SUITE 208  
MIAMI LAKES, FL 33014

## **New Principal Place of Business:**

## **Current Mailing Address:**

6175 NW 153RD STREET  
SUITE 208  
MIAMI LAKES, FL 33014

## **New Mailing Address:**

FEI Number: 59-3646227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER, HARRY  
1703 WATROUS DRIVE  
TITUSVILLE, FL 32780 US

## **Name and Address of New Registered Agent:**

ASTENCIO, MYLENE  
6175 NW 153RD STREET  
208  
MIAMI LAKES, FL 33014 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: MYLENE ASTENCIO

03/10/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROVIRA, LUISA  
Address: 6175 NW 153RD STREET, SUITE 208  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP (X) Delete  
Name: MORENO, MAURO  
Address: 6175 NW 153RD STREET, SUITE 208  
City-St-Zip: MIAMI, FL 33014

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ASTENCIO, MYLENE  
Address: 6175 NW 153RD STREET, SUITE 208  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MYLENE ASTENCIO

P

03/10/2007

Electronic Signature of Signing Officer or Director

Date