2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P02000109464

Entity Name: FLORIDA HEALTH SOLUTION, CORP.

Current Principal Place of Business:

7350 NW 7 TH ST
SUITE # 204
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P.O BOX 260040
MIAMI, FL 33126

New Mailing Address:

FEI Number: 46-0502866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTD
Name: SOCORRO, MARCOS P PTD
Address: 7350 NW 7 TH ST SUITE # 204
City-St-Zip: MIAMI, FL 33126

Title: VSD
Name: SOCORRO, ROSA M VSD
Address: 7350 NW 7 TH ST SUITE # 204
City-St-Zip: MIAMI, FL 33126

Title: V
Name: SOCORRO, MARCOS V
Address: 7350 NW 7 TH ST SUITE #204
City-St-Zip: MIAMI, FL 33126

Title: V
Name: GONZALEZ, ANTONIO
Address: 15481 SW 138 TERRACE
City-St-Zip: MIAMI, FL 33198 US

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: MARCOS PRUDENCIO SOCORRO PTD 04/26/2011

Electronic Signature of Signing Officer or Director — Date