2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000122580

Entity Name: HEALTH SOLUTIONS INC.

FILED Apr 28, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

910 CHERRY STREET PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

910 CHERRY STREET PANAMA CITY, FL 32401

FEI Number: 03-0493612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GRANTCHAROV, STEFAN H 100 BEACH BLVD. PANAMA CITY, FL 32408 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: STEFAN GRANTCHAROV

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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

Title: PD () Delete Title: PD (X) Change () Addition

Name: GRANTCHAROU, STEFAN Name: GRANTCHAROV, STEFAN Address: 100 BEACH BLVD. Address: 100 BEACH BLVD.

City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VD () Delete Title: () Change () Addition

 Name:
 ROBERTS, ANGELLETHA D
 Name:

 Address:
 1836 N. EAST AVENUE, #7
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEFAN GRANTCHAROV PD 04/28/2005