## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000009778

Entity Name: HEALTHCARE SOLUTION & MANAGEMENT INC.

FILED Apr 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6365 TAFT ST, STE 3005 HOLLYWOOD, FL 33024 **Current Mailing Address: New Mailing Address:** 6365 TAFT ST, STE 3005 HOLLYWOOD, FL 33024 FEI Number: 02-0714189 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: SANABRIA, GILBERT 6365 TAFT ST, STE 3005 HOLLYWOOD, FL 33024 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SANABRIA, GILBERT SANABRIA, GILBERT Name: Name: 6365 TAFT ST, STE 3005 6365 TAFT ST, STE 3005 Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: HOLLYWOOD, FL 33024 Title: VΡ Title: () Change () Addition () Delete

RODRIGUEZ, ARIEL Name: Name: 18459 SW 154TH STREET Address: Address: MIAMI, FL 33187 City-St-Zip: 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: GILBERT SANABRIA DP 04/25/2005