

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019395

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SOLUTIONS HEALTH CARE, INC

**Current Principal Place of Business:**

9022 SW 123 CT  
APT 110  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

9022 SW 123 CT  
APT 110  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-0664330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOMINGUEZ-AVILA, ERNESTO  
9022 SW 123 CT  
APT 110  
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DOMINGUEZ-VILA, ERNESTO  
Address: 9022 SW 123 CT., APT 110  
City-St-Zip: MIAMI, FL 33186

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ERNESTO DOMINGUEZ-VILA

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date