

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019395

**FILED**  
**Jan 22, 2010**  
**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:**

3232 CORAL WAY  
STE 1804  
CORAL GABLES, FL 33145 US

**Current Mailing Address:**

9022 SW 123 CT  
APT 110  
MIAMI, FL 33186

**New Mailing Address:**

3232 CORAL WAY  
STE 1804  
CORAL GABLES, FL 33145 US

**FEI Number:** 90-0489671

**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:**

DOMINGUEZ-VILA, ERNESTO  
3232 CORAL WAY  
STE 1804  
CORAL GABLES, FL 33145 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: ERNESTO DOMINGUEZ-VILA

01/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: DOMINGUEZ-VILA, ERNESTO  
Address: 3232 CORAL WAY STE 1804  
City-St-Zip: CORAL GABLES, FL 33145 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: ERNESTO DOMINGUEZ-VILA

PRES

01/22/2010

Electronic Signature of Signing Officer or Director

Date