

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019395

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SOLUTIONS HEALTH CARE, INC

**Current Principal Place of Business:**

6355 S.W. 8TH ST., STE. 2E  
MIAMI, FL 33144 US

**New Principal Place of Business:**

1378 CORAL WAY  
SUITE 4TH FLOOR  
MIAMI, FL 33145 US

**Current Mailing Address:**

6355 S.W. 8TH ST., STE. 2E  
MIAMI, FL 33144 US

**New Mailing Address:**

1378 CORAL WAY  
SUITE 4TH FLOOR  
MIAMI, 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-VILA, ERNESTO  
3232 CORAL WAY  
STE 1804  
CORAL GABLES, FL 33145 US

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

DOMINGUEZ-VILA, ERNESTO  
1378 CORAL WAY  
SUITE 4TH FLOOR  
MIAMI, 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: DOMINGUEZ-VILA, ERNESTO  
Address: 1378 CORAL WAY SUITE 4TH FLOOR  
City-St-Zip: MIAMI, 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

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date