

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000070319

Entity Name: SOLUTION HEALTH SYSTEMS, INC.

FILED
Oct 11, 2005
Secretary of State

Current Principal Place of Business:

5665 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

18455 MIRAMAR PARKWAY
#150
MIRAMAR, FL 33029

Current Mailing Address:

5665 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Mailing Address:

18455 MIRAMAR PARKWAY
#150
MIRAMAR, FL 33029

FEI Number: 20-1067604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, GARY D
5665 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

ALHADEFF, DAN
18455 MIRAMAR PARKWAY
#150
MIRAMAR, FL 33029 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: DAN ALHADEFF

10/11/2005

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:

Title: D () Delete
Name: HIGGINS, GARY D
Address: 5665 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: THOMPSON, DARYL
Address: 5665 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, RUSSELL
Address: 4606 AIRE DE LA SAL
City-St-Zip: SAN CLEMENTE, CA 92673

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

Title: D () Change (X) Addition
Name: ALHADEFF, DAN
Address: 18455 MIRAMAR PARKWAY, #150
City-St-Zip: MIRAMAR, FL 33029

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: DAN ALHADEFF

D

10/11/2005

Electronic Signature of Signing Officer or Director

Date