

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

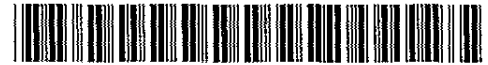
DOCUMENT # P04000070319

1. Entity Name
SOLUTION HEALTH SYSTEMS, INC.



Principal Place of Business
18455 MIRAMAR PARKWAY
#150
MIRAMAR, FL 33029

Mailing Address
18455 MIRAMAR PARKWAY
#150
MIRAMAR, FL 33029



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1067604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-staffing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, RUSSELL
STREET ADDRESS	4606 AIRE DE LA SAL
CITY - ST - ZIP	SAN CLEMENTE, CA 92673
TITLE	D
NAME	THOMPSON, DARYL
STREET ADDRESS	5665 CYPRESS GARDENS BLVD.
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	ALHADEFF, DAN
STREET ADDRESS	18455 MIRAMAR PARKWAY, #150
CITY - ST - ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/25/06-80017-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN ALHADEFF

1/13/06

Date

561 289 8277

Daytime Phone #