

2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 102

FILED

OCT 10 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000126486
1. Entity Name
SOLUTION HEALTH CENTER, INC.



Principal Place of Business
**175 FOUNTAINEBLEAU BLVD STE 2D-1
MIAMI, FL 33172-4598**

Mailing Address
**175 FOUNTAINEBLEAU BLVD STE 2D-1
MIAMI, FL 33172-4598**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10052005 REIN-P CR2E098 (6/04)

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LEON, WANDA I
175 FOUNTAINEBLEAU BLVD STE 2D-1
MIAMI, FL 33172-4598**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE 10-5-2005

**FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LEON, WANDA I 9320 FOUNTAINEBLEAU BLVD SPT 609 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MORALES, JOSE 102 NW 56 AVE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.

SIGNATURE: *[Signature]* Wanda I. Leon President 10-05-2005 (305) 338-3325
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

VB 292

SOLUTION HEALTH CENTER, INC
175 FOUNTAINEBLEU BLVD. STE. 2D-1
MIAMI, FL 33172-4598
(305) 223-3325
(786) 256-0152

Miami, Oct. 5th, 2005
Re: SOLUTION HEALTH CENTER, INC
F.E.I.: NONE
Document #: P04000126486

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

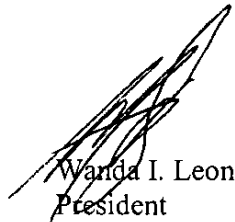
Gentlemen:

This letter is to inform you that we did not received any correspondence from your department for **SOLUTION HEALTH CENTER, INC** for the last year.

Enclosed please find Uniform Business Report for 2005, for the above Corporation along with the payment.

If you have any questions do not hesitate to contact us.

Very truly,



Wanda I. Leon
President