

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156909

Entity Name: SOLSTICE BENEFITS, INC.

FILED
Jan 27, 2012
Secretary of State

Current Principal Place of Business:

7901 SW 6TH COURT
400
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 19199
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 14-1917982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: FLAX, MICHAEL D
Address: 2929 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: COO
Name: FERRERA, CARLOS
Address: 7901 SW 6TH COURT, SUITE 400
City-St-Zip: PLANTATION, FL 33324

Title: DCFO
Name: FERRERA, CARLOS
Address: 1101 NW 24TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: ROLNICK, AUDIE M M.D.
Address: 3480 DERBY LANE
City-St-Zip: WESTON, FL 33310

Title: D
Name: RUDEN, AUDREY F
Address: 1215 PARK AVENUE
City-St-Zip: NEW YORK, NY 10028

Title: D
Name: MEYERSON, STUART MANN
Address: 341 WILLOW BROOK DRIVE
City-St-Zip: MATTHEWS, NC 28105

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: MICHAEL D. FLAX

DPST

01/27/2012

Electronic Signature of Signing Officer or Director

Date