

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90100 011 \*\*\*150.00

**DOCUMENT # P05000149088**

1. Entity Name  
**MEDHEALTH SOLUTIONS, INC.**



Principal Place of Business Mailing Address  
**911 SW 87TH AVENUE 911 SW 87TH AVENUE**  
**MIAMI, FL 33174 MIAMI, FL 33174**

2. Principal Place of Business 3. Mailing Address  
**5790 SW 34TH ST 5790 SW 34TH ST.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL Miami FL 33155**  
 Zip Country Zip Country  
**33155 U.S.A. 33155 U.S.A.**

66005734



01172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**RAMOS, LOURDES C**  
**5790 SW 34TH STREET**  
**MIAMI, FL 33155**

4. FEI Number Applied For  
**20-402-8832** Not Applicable

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

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.

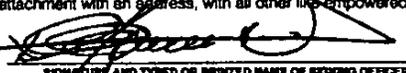
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, LOURDES C	NAME	
STREET ADDRESS	911 SW 87TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAD, JORGE L	NAME	
STREET ADDRESS	911 SW 87TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, TANIA	NAME	
STREET ADDRESS	911 SW 87TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEZ, LILIAN J	NAME	
STREET ADDRESS	911 SW 87TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **2/28/2006** DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66005734

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

MEDHEALTH SOLUTIONS, INC.  
5790 SW 34TH ST  
MIAMI, FL 33155

Subject: MEDHEALTH SOLUTIONS, INC.

Reference Number: P05000149088

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION