

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015668

Entity Name: CAREWELL SOLUTIONS, INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

6423 COLLINS AVE SUITE 1008
MIAMI BEACH, FL 33141

New Principal Place of Business:

7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126

Current Mailing Address:

6423 COLLINS AVE SUITE 1008
MIAMI BEACH, FL 33141

New Mailing Address:

7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126

FEI Number: 20-4235035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, EDDY F
6423 COLLINS AVE SUITE 1008
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

HYGEA HEALTH NETWORK, INC.
7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126 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: LACY LOAR

06/23/2009

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: FERNANDEZ, EDDY F
Address: 6423 COLLINS AVE SUITE 1008
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Delete
Name: CARRASQUILLO, CARLOS R
Address: 6355 NW 36TH STREE STE 500
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: IGLESIAS, MANUEL E
Address: 7925 NW 12TH ST, STE. 321
City-St-Zip: MIAMI, FL 33126 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANUEL IGLESIAS

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date